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SENATE

REPORT  
102-244

HEALTH PROMOTION AND DISEASE PREVENTION ACT  
OF 1991

NOVEMBER 25 (legislative day, NOVEMBER 23), 1991.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human  
Resources, submitted the following

REPORT

[To accompany S. 1944]

The Committee on Labor and Human Resources, to which was referred the bill (S. 1944) to amend the Public Health Service Act to revise and extend the Preventive Health and Health Services Block Grant, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Health Promotion and Disease Prevention Act of 1991”.

(b) TABLE OF CONTENTS.—The table of contents is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. References.

TITLE I—HEALTH PROMOTION AND DISEASE PREVENTION ASSISTANCE

Sec. 101. Short title.

#### Subtitle A—Preventive Health and Health Services Block Grant

- Sec. 110. Reauthorization of preventive health and health services block grant.
- Sec. 111. Reporting and data collection improvements.
- Sec. 112. Establishment of block grant requirement to address health promotion and disease prevention related to women's health.
- Sec. 113. Reauthorization of State planning functions.
- Sec. 114. Health promotion and disease prevention research centers.
- Sec. 115. Use of allotments.
- Sec. 116. Training of State and local public health personnel.

#### Subtitle B—National Health Objectives Project Grants to States

- Sec. 121. National health objectives project grants to States.

#### Subtitle C—Categorical Programs

- Sec. 131. National demonstration projects for women's health.
- Sec. 132. Increased injury prevention activities.
- Sec. 133. Establishment of an Office of Adolescent Health.
- Sec. 134. Improvement in lead poisoning screening and prevention.
- Sec. 135. Prevention and control of sexually transmitted diseases.
- Sec. 136. Screening and early detection of prostate cancer.
- Sec. 137. Special regional and national demonstration projects for minority health promotion and disease prevention.

### TITLE II—COORDINATION OF HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

- Sec. 201. Short title.
- Sec. 202. Health information and health promotion.
- Sec. 203. Interdepartmental Coordinating Council.
- Sec. 204. Dissemination of health information.
- Sec. 205. Report on national health status improvement.
- Sec. 206. Health education curriculum.
- Sec. 207. State offices of minority health.

### TITLE III—PREVENTABLE CASES OF INFERTILITY

- Sec. 301. Establishment of program of grants regarding preventable cases of infertility arising as result of sexually transmitted diseases.

### TITLE IV—COMPREHENSIVE MATERNAL AND EARLY CHILDHOOD HEALTH CARE

- Sec. 401. Short title.
- Sec. 402. Migrant and community health center initiatives.
- Sec. 403. Expansion of immunization programs for young children.
- Sec. 404. Project grants for maternal and child preventive health and health care services.
- Sec. 405. Birth defects proposal.

### TITLE V—MISCELLANEOUS

- Sec. 501. Establishment of an Advisory Council on Health Promotion and Disease Prevention.
- Sec. 502. Responsibilities of members of the Commissioned Corps for health promotion and disease prevention.
- Sec. 503. Responsibilities of the Surgeon General for disseminating information and recommendations.
- Sec. 504. Change in name of Centers for Disease Control.
- Sec. 505. Study concerning the reduction of the risk of bloodborne disease transmission.

### SEC. 2. REFERENCES.

Except as otherwise provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

## TITLE I—HEALTH PROMOTION AND DISEASE PREVENTION ASSISTANCE

### SEC. 101. SHORT TITLE.

This title may be cited as the "Health Promotion and Disease Prevention Assistance Act of 1991".

#### Subtitle A—Preventive Health and Health Services Block Grant

### SEC. 110. REAUTHORIZATION OF PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT.

Section 1901 (42 U.S.C. 300-w) is amended—

- (1) in subsection (a), by striking out "\$95,000,000" and all that follows through the end thereof and inserting the following: "\$275,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.";
- (2) in subsection (b), by striking out "at least \$3,500,000" and inserting in lieu thereof "at least \$7,000,000"; and
- (3) by adding at the end thereof the following new subsection:  
 "(c) Notwithstanding any other provision of this subtitle and subject to the provisions of subsection (b), if amounts appropriated under subsection (a) for any fiscal

year exceed \$150,000,000 all of such amounts shall be used to carry out subpart 2 for such fiscal year.”.

#### SEC. 111. REPORTING AND DATA COLLECTION IMPROVEMENTS.

(a) ANNUAL REPORTS.—Subsection (a) of section 1906 (42 U.S.C. 300w-5(a)) shall be amended to read as follows:

“(a)(1) Each State receiving an allotment, and each entity receiving a grant, under this part shall prepare and submit to the Secretary an annual report concerning the activities carried out by such State or grantee with amounts received under this part. Such reports shall describe the services provided using such amounts in accordance with subsections (a) and (e) of section 1904.

“(2) The Secretary, acting through the Centers for Disease Control and Prevention and in consultation with the States and the National Health Objectives Advisory Committee, shall develop uniform data items and data formats for the annual reports required under paragraph (1). Such uniform data items and formats shall constitute the minimum requirements that States must meet in submitting annual reports under paragraph (1).

“(3) In addition to complying with the uniform data item and format requirements of paragraph (2), an annual report submitted under paragraph (1) shall specifically provide if readily available—

“(A) the number of individuals provided with services in the service areas designated under subsections (a) and (e) of section 1904;

“(B) the percentage of minorities and disadvantaged individuals served within each of the service areas described in subparagraph (A); and

“(C) any other demographic information that the Secretary, after consultation with the States, determines appropriate.”.

(b) INVESTIGATIONS.—Subsection (d) of section 1906 (42 U.S.C. 300w-5(d)) is amended to read as follows:

“(d) The Secretary, in consultation with the States and the National Health Objectives Advisory Committee, shall periodically update a set of priority national health status indicators, to be used to evaluate and monitor the overall health of the United States and of selected subgroups within the United States.”.

(c) HEALTH STATUS REPORTS.—Section 1906 (42 U.S.C. 300w-5) is amended by adding at the end thereof the following new subsection:

“(e)(1) The Secretary shall determine the capability of each State to evaluate and submit a report, in a uniform format, concerning the health status of the State as measured in terms of the health objectives parameters as described in subsection (d).

“(2)(A) Except as provided in subparagraph (B), with respect to a State that is determined by the Secretary under paragraph (1) to be unable to adequately evaluate its health status, such State shall be required to utilize not more than 10 percent of the amounts paid to the State under section 1903 for a fiscal year to develop the capacity to make such an evaluation. Amounts under section 1903 shall be so utilized until such time as the Secretary determines that such capacity has been achieved by the State.

“(B) The Secretary may waive the requirement of subparagraph (A) in the case of a State, territory or Indian tribe that is determined by the Secretary to be unable to develop the capacity required under paragraph (1) through the utilization of the funds required under such subparagraph.

“(3) With respect to entities that are eligible to receive grants under this part, that apply for such grants, and that the Secretary determines do not have the resources to efficiently establish the capacity for evaluating their health status as provided for in paragraph (1), the Secretary, in consultation with the State agencies, may provide technical assistance to enable such entities to make such evaluations and such entities shall be exempt from the requirements of paragraph (1).

“(4) An entity described in paragraph (3) shall indicate in the annual report submitted by such entity under subsection (a) the status of such entity under such paragraph and the Secretary shall review such status once during every 3-year period.”.

(d) REPORT TO CONGRESS.—Section 1906 (42 U.S.C. 300w-5(b)) (as amended by subsection (a)) is amended—

(1) by striking out paragraph (6) of subsection (b); and

(2) by adding at the end thereof the following new subsection:

“(f) Not later than 3 years after the date of enactment of this subsection, and every 3 years thereafter, the Secretary shall prepare and submit a report to Congress concerning the activities of the States that have received funds under this part. Such report shall include State compilations of the information contained in the reports prepared under subsection (a), and any recommendations for appropriate



changes in legislation necessary to facilitate improvement in the health status indicators described in subsection (d), facilitate the implementation of the State plans described in subsection (a)(3)(A) and ensure compliance with section 1905(c)(8), and to facilitate other changes determined appropriate by the Secretary under this part."

(e) APPLICATION.—Section 1905 (42 U.S.C. 300w-4) is amended—

(1) in subsection (c)—

(A) by striking out "and" at the end of paragraph (6);

(B) by striking out the period at the end of paragraph (7) and inserting in lieu thereof "; and"; and

(C) by adding at the end thereof the following new paragraph:

"(8) agrees that continuing education credits in the utilization of universal precautions, and infection control procedures for the prevention of bloodborne disease transmission, shall be required as part of those credits required for health professional relicensure."; and

(2) in subsection (d), by striking out the last sentence and inserting in lieu thereof the following new sentences: "The description shall include, a summary of the manner in which the funds will be allocated under section 1904(a)(1), and which health status indicators (as described in section 1906(d)) such allocations are intended to address. The description shall also include prior year information concerning the State's health status according to the health status indicators (as described in section 1906(d))."

#### SEC. 112. ESTABLISHMENT OF BLOCK GRANT REQUIREMENT TO ADDRESS HEALTH PROMOTION AND DISEASE PREVENTION RELATED TO WOMEN'S HEALTH.

Section 1904 (42 U.S.C. 300w-3) is further amended by adding at the end thereof the following new subsection:

"(e) Each State that receives payments under section 1903 shall demonstrate that a portion of such payments are being utilized in each fiscal year for health promotion and disease prevention activities related to women's health problems, such as osteoporosis, physical abuse, diabetes and tobacco use."

#### SEC. 113. REAUTHORIZATION OF STATE PLANNING FUNCTIONS.

Section 7 of the Year 2000 Health Objectives Planning Act (Public Law 101-582) is amended to read as follows:

##### "SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

"For the purpose of carrying out this Act and for the establishment and operation of State Health Objectives Advisory Committees under section 1910I(b) of the Public Health Service Act, there are authorized to be appropriated \$10,000,000 for fiscal year 1992 and such sum as may be necessary for each of the fiscal years 1993 through 1996."

#### SEC. 114. HEALTH PROMOTION AND DISEASE PREVENTION RESEARCH CENTERS.

Section 1706(e) (42 U.S.C. 300u-5(e)) is amended by striking out "\$3,000,000" and all that follows through the end thereof and inserting "\$12,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996."

#### SEC. 115. USE OF ALLOTMENTS.

Section 1904(a)(1) (42 U.S.C. 300w-4(a)(1)) is amended in the matter preceding subparagraph (A) by striking out "and (c)" and inserting in lieu thereof "(c), (e), and (f)".

#### SEC. 116. TRAINING OF STATE AND LOCAL PUBLIC HEALTH PERSONNEL.

Part A of title XIX (42 U.S.C. 300w et seq.) is amended by adding at the end thereof the following new section:

##### "SEC. 1910A. TRAINING.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, to the extent appropriations are available, provide assistance for the professional training of public health personnel, including—

"(1) the identification of new knowledge bases and skills for State and local public health personnel that are reasonably necessary and appropriate to permit the States to achieve the national health priorities; and

"(2) encouraging the training and education of appropriate numbers of such personnel, including racial and ethnic minority personnel, in such knowledge bases and skills, including cross cultural skills, by establishing cooperative



agreements with schools of public health, schools of nursing, schools of medicine, and other institutions that train and educate such personnel; and  
 “(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.”.

### **Subtitle B—National Health Objectives Project Grants to States**

#### **SEC. 121. NATIONAL HEALTH OBJECTIVES PROJECT GRANTS TO STATES.**

Part A of title XIX (42 U.S.C. 300w et seq.) is amended—

(1) in the part heading, to read as follows:

“PART A—PREVENTIVE HEALTH AND NATIONAL HEALTH OBJECTIVES GRANTS”;

(2) by inserting after the part heading the following:

“*Subpart 1—Preventive Health and Health Services Block Grant*”;

and

(3) by adding at the end thereof the following new subpart:

“*Subpart 2—National Health Objectives Project Grants to States*

#### **“SEC. 1910D. OPERATION OF SUBPART.**

“The Secretary, in accordance with subsection (c) of section 1901, shall use amounts appropriated under subsection (a) of such section for a fiscal year to carry out this subpart in such fiscal year.

#### **“SEC. 1910E. DEFINITIONS AND ADMINISTRATION.**

“(a) DEFINITIONS.—As used in this subpart:

“(1) ADVISORY COMMITTEE.—The term ‘Advisory Committee’ means the National Health Objectives Advisory Committee established under section 1910K(a).

“(2) CORE PRIORITIES.—The term ‘core priorities’ means the three national health priorities that are designated by the Secretary as ‘core national health priorities’ and that must be included in the State health objectives provided in the State health objectives plan of each State.

“(3) NATIONAL HEALTH PRIORITIES.—The term ‘national health priorities’ means the priorities established under section 1910K(b).

“(4) STATE AGENCY.—The term ‘State agency’ means the department, agency, commission, or other entity designated and vested with authority under State law over matters concerning public health.

“(5) STATE PLAN.—The term ‘State plan’ means the health objectives plan of a State submitted under section 1910I.

“(6) STATE REPORT.—The term ‘State report’ means the annual report of a State required under section 1910J.

“(b) ADMINISTRATION.—The Secretary shall carry out this subpart through the Centers for Disease Control and Prevention.

#### **“SEC. 1910F. ALLOTMENTS.**

“(a) IN GENERAL.—Amounts available pursuant to section 1910D for each fiscal year shall be utilized to make allotments in accordance with subsections (b), (c), and (d).

“(b) FORMULA.—The amount of an allotment to a State under subsection (a) shall be equal to the amount of the allotment for such State under section 1902 for fiscal year 1992.

“(c) REMAINDER.—From the remainder of the amounts available pursuant to section 1910D, the Secretary shall allot in each fiscal year to each State an amount that equals—

“(1) \$12,500, if the population of the State does not exceed 50,000;

“(2) \$37,500, if the population of the State exceeds 50,000 but does not exceed 450,000;

“(3) \$500,000, if the population of the State exceeds 450,000 but does not exceed 1,000,000;

“(4) \$750,000, if the population of the State exceeds 1,000,000 but does not exceed 3,000,000;

“(5) \$1,000,000, if the population of the State exceeds 3,000,000 but does not exceed 6,000,000;

"(6) \$1,250,000, if the population of the State exceeds 6,000,000 but does not exceed 10,000,000;

"(7) \$1,500,000, if the population of the State exceeds 10,000,000 but does not exceed 15,000,000; and

"(8) \$2,000,000, if the population of the State exceeds 15,000,000.

"(d) **RELATIVE POPULATION.**—To the extent that all amounts available for allotment under subsection (a) for each fiscal year are not otherwise allotted to States under subsection (c), such excess shall be allotted to each State in an amount that bears the same ratio to such excess amount for such fiscal year as the total population of the States bears to the population of all States.

"(e) **ADJUSTMENT.**—If for any fiscal year the amount available under section 1910D is less than the total of all amounts listed under subsection (b), the amount allotted to each State shall be an amount that bears the same ratio to the total of all amounts available for allotment under such section as the amount of the allotment that the State is entitled to under subsection (b) bears to the total of all such amounts under such paragraph.

"(f) **INDIANS.**—

"(1) **IN GENERAL.**—If the Secretary—

"(A) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this subpart be provided directly by the Secretary to such tribe or organization; and

"(B) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this subpart;

the Secretary shall reserve from amounts which would otherwise be allotted to such State under subsection (a) for the fiscal year the amount determined under paragraph (2).

"(2) **ELIGIBILITY.**—For an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this subsection, it shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.

"(3) **DEFINITIONS.**—As used in this subsection, the terms 'Indian tribe' and 'tribal organization' shall have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

#### "SEC. 1910G. PAYMENTS UNDER ALLOTMENTS TO STATES.

"(a) **IN GENERAL.**—

"(1) **PLAN REQUIREMENT.**—For each fiscal year, the Secretary shall make payments from amounts available under section 1910D for that fiscal year, as provided for in section 6503(a) of title 31, United States Code, to each State, if such State has submitted an approved State plan, from its allotment under section 1910F.

"(2) **CARRYOVER FUNDS.**—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which it was made.

"(b) **SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.**—

"(1) **IN GENERAL.**—

"(A) **AIDING GRANTEE IN CARRYING OUT DUTIES.**—Upon the request of a grantee under subsection (a), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out such subsection and, for such purposes, may detail to the grantee any officer or employee of the Department of Health and Human Services.

"(B) **LIMITATION.**—With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of the grant to the grantee involved by an amount equal to the costs of detailing personnel and fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

"(2) **USE OF REDUCTION.**—The amount by which any payment is reduced under paragraph (1) shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be considered to be subpart of the payment and to have been paid to the State.



"SEC. 1910H. USE OF ALLOTMENTS.

"(a) STATE PLAN.—A State shall utilize amounts paid to it under section 1910G, from the allotment of such State under section 1910F, to develop and implement a State plan, in accordance with section 1910I, in order to—

"(1) develop and collect data to assess the public health needs and health status of the individuals, including minorities, that reside in the State;

"(2) provide assistance for planning necessary to assist projects and programs to be included in the State plan;

"(3) provide assistance to projects and programs described in the State plan; and

"(4) make appropriate State data and the State plan available to local health departments to facilitate improved local planning.

"(b) LIMITATIONS.—A State shall not use amounts paid to it under section 1910G, to—

"(1) provide inpatient services;

"(2) make cash payments to intended recipients of health services;

"(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; or

"(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

"(c) ADMINISTRATION.—Not more than 10 percent of the total amount paid to a State under section 1910G from the State allotment under section 1910F for any fiscal year shall be used for administering the funds made available under section 1910G. The State shall pay from non-Federal sources any additional costs of administering such funds. For purposes of this subsection, the term 'administration' shall not be construed to include collection or assessment of data or assistance provided by States for the planning or implementation of projects and programs.

"SEC. 1910I. STATE HEALTH OBJECTIVES PLAN AND DESCRIPTION OF ACTIVITIES.

"(a) IN GENERAL.—To receive a payment under section 1910G from the State allotment for a fiscal year under section 1910F, a State shall prepare and submit, to the Secretary, a State health objectives plan at such time, in such manner, and containing such information as the Secretary shall require. Such State plan shall—

"(1) be developed by the State health agency in consultation with the State Health Objectives Advisory Committee established under subsection (b);

"(2) meet the requirements of subsection (c); and

"(3) contain assurances satisfactory to the Secretary that the State will meet the requirements of subsection (d).

"(b) ADVISORY COMMITTEE.—

"(1) ESTABLISHMENT.—Not later than 6 months after the enactment of this subpart, each State shall establish a State Health Objectives Advisory Committee, that shall be chaired by the State health officer, and shall consist of members of the public and health directors that represent local health departments.

"(2) REPRESENTATIVES.—States are encouraged to include entities receiving grants under this subpart, representatives of community-based organizations including minority community-based organizations, and a representative of an academic institution that trains public health professionals, as part of the State committee established under paragraph (1).

"(3) MEETINGS.—The State Health Objectives Advisory Committee shall meet not less than twice each year.

"(4) RESPONSIBILITIES.—The Advisory Committee established under paragraph (1) shall review and make recommendations to the State health agency concerning—

"(A) health assessment and policy development and assurance functions associated with the program established under this subpart; and

"(B) State plans, data collection efforts, the establishment of State health objectives, coordination of efforts funded under this subpart, coordination with other similar programs, public hearings, and the allocation of funds within the State annual report.

"(c) REQUIREMENTS.—A State plan submitted under subsection (a) shall—

"(1) be developed in consultation with the State Health Objectives Committee;

"(2) contain a specific set of not less than five State health objectives that shall be chosen from the national health priorities described by the Secretary under section 1910K, and that shall include all core priorities identified under such section;



"(3) contain an annual budget that describes the manner in which the payments made under section 1910G are to be used by the State, and such budget shall—

"(A) specify the portion of such funds that are to be used at each level of the State or local government, and the portion of such funds that are to be allocated for grants to local agencies of public health, community-based organizations, including minority community-based organizations, voluntary nonprofit health organizations, and other entities selected by the State help meet State objectives under paragraph (7); and

"(B) commit the State to use not less than 80 percent of such payments to meet State objectives that, as determined by the State agency after an analysis of the national health priorities, and based on the available State data described in paragraph (4), are critical to improving the health status of the individuals who reside within the State;

"(4) in terms of each State objective—

"(A) provide assurances satisfactory to the Secretary that there is a minimum set of data available to satisfactorily measure the health status of individuals including racial and ethnic minorities, who reside within the State;

"(B) utilize the data described in subparagraph (A) to identify the improvement that the State expects to make in the health status of individuals who reside within the State during the term of the State plan;

"(C) specify the particular strategies, projects and programs intended to be used by the State to improve the health status of individuals who reside within the State;

"(D) specify the methods intended to be used by the State to evaluate the progress made by the State in improving the health status of individuals who reside within the State; and

"(E) provide services targeted at improving the health status of individuals who reside within the State at the level of State or local government that the State determines are most likely to be effective in achieving the State objectives especially with respect to addressing inner city and rural disparities in health status indicators;

"(5) provide for the establishment of practices and procedures through which the State shall assist local health agencies in the development of community health plans and to monitor the progress of local health agencies, community-based organizations, including minority community-based organizations, and health organizations in implementing the State objectives;

"(6) identify public health personnel requirements that the State determines are reasonably necessary and appropriate to permit the State to achieve the State objectives;

"(7) identify the mechanism by which the State shall select, and allocate assistance provided under this subpart to local units of government, local agencies of public health, community-based health, including minority community-based organizations, voluntary nonprofit health organizations, and other entities within the State to help meet the State objectives;

"(8) contain a description (that may be revised throughout the year as may be necessary to reflect substantial changes in the projects and programs assisted by the State) of the intended use of the payments the State will receive under section 1910G for the fiscal year for which the State plan is submitted, including information concerning the projects and programs to be supported and services to be provided, which shall be made available to the public within the State in a manner that will facilitate comment from any individual during the period of the development of the description and after the transmittal of such; and

"(9) contain a plan for conducting health education and disease prevention programs for identifiable racial and ethnic communities.

"(d) ASSURANCES.—As part of the State plan required under subsection (a), a State shall provide assurances satisfactory to the Secretary that such State—

"(1) shall use the amounts allotted to it under section 1910F in accordance with the requirements of the State plan and of this subpart;

"(2) shall establish reasonable criteria for the evaluation of the effective performance of entities that receive assistance from the allotment to the State under this subpart;

"(3) shall identify those populations including racial and ethnic minorities, areas, and localities in the State that demonstrate a need for the services for which funds may be provided by the State under this subpart;

"(4) shall use amounts made available under section 1910G for any period to supplement and increase the level of State, local, and other Federal assistance that would, in the absence of amounts available under section 1910G, be made available for the programs and activities for which funds are provided for under this subpart, and shall not use funds made available under this subpart to supplant such State, local, and other Federal funds; and

"(5) shall require the State Health Objectives Advisory committee to consult with community-based minority organizations.

**"SEC. 1910J. STATE HEALTH OBJECTIVES REPORT.**

"(a) **IN GENERAL.**—Not later than 120 days after the end of each fiscal year for which assistance is provided under this subpart, each State, in cooperation with participating local units of government, shall prepare and submit, to the Secretary, an annual State health objectives report concerning the activities of the State under this subpart, that meets the requirements of this section.

"(b) **REQUIREMENTS.**—A State report submitted under subsection (a) shall be in such form and contain such information as the Secretary determines, after consultation with the heads of the State agencies and the Comptroller General, to be necessary—

"(1) to determine whether funds were expended by the State in accordance with this subpart and consistent with the needs within the State as proscribed in the State plan;

"(2) to secure a description of the projects and programs within the State operated or assisted with amounts provided under allotments made under this subpart; and

"(3) to secure a record of—

"(A) the purposes for which amounts provided under this subpart were expended;

"(B) the recipients of such funds; and

"(C) the progress made toward achieving the purposes for which such funds were provided.

"(c) **UNIFORM DATA ITEM.**—A State report submitted under subsection (a) shall include information concerning at least one uniform data item on each national health priority described in section 1910K(b) to be determined in consultation with the Secretary.

"(d) **UNIFORM DATA SETS.**—Each State shall report uniform data sets, as prescribed by the Secretary under section 1910K(f), for each national health priority addressed in the State plan that shall commence not later than 4 years after the date of enactment of this subpart.

"(e) **ADDITIONAL CONTENTS.**—The Secretary may require States to include additional information in the State report submitted under this section.

"(f) **AVAILABILITY.**—The State shall ensure that the State report is available for public inspection within the State, and the State Health Official shall provide copies at cost, on request, to any interested individual.

**"SEC. 1910K. RESPONSIBILITIES OF THE SECRETARY.**

"(a) **ADVISORY COMMITTEE.**—

"(1) **ESTABLISHMENT.**—Not later than 3 months after the enactment of this subpart, the Secretary, acting through the Assistant Secretary for Health, shall establish an advisory committee, to be known as the 'National Health Objectives Advisory Committee', to advise the Secretary concerning national health priorities.

"(2) **COMPOSITION.**—The Advisory Committee shall be composed of 10 members, of which—

"(A) one member shall be the Assistant for Secretary of Health, who shall serve as the chairperson of the Advisory Committee;

"(B) two members shall be appointed by the Secretary from the general public;

"(C) one member shall be appointed by the Administrator of the Environmental Protection Agency;

"(D) two member shall be appointed by the Association of State and Territorial Health Officials;

"(E) one member shall be appointed by the National Association of County Health Officials;

"(F) one member shall be appointed by the United States Conference of Local Health Officials;

"(G) one member shall be appointed by the Association of Schools of Public Health;



"(H) one member shall be appointed by the American Public Health Association;

"(I) one member shall be the Director of the Centers for Disease Control and Prevention; and

"(J) one member shall be the Director of the Office of Disease Prevention and Health Promotion.

"(3) MEETINGS AND DUTY.—The Advisory Committee shall meet not less than once each year for the purpose of providing advice to the Secretary concerning the selection, revision, implementation, and evaluation of the national health priorities, and the development and adoption of the uniform data set.

"(b) NATIONAL HEALTH PRIORITIES.—The Secretary, in consultation with the heads of other Federal agencies and the Advisory Committee, and taking into account the 'Year 2000 Health Objectives' developed by the United States Public Health Service, shall establish—

"(1) national health priorities that shall form the basis for all activities that receive assistance under this subpart;

"(2) from the priorities established under paragraph (1), a set of three core priorities that shall be included in each State plan; and

"(3) in cooperation with other appropriate national organizations, an estimate of the personnel and training that will be needed throughout the United States to accomplish the priorities established under paragraph (1).

"(c) REVIEW OF STATE PLANS.—The Secretary shall review each proposed State plan, and each proposed amendment thereto, submitted by a State under section 1910I, and approve each such plan or amendment, or each portion of such plan or amendment, that the Secretary determines complies with the requirements of this subpart.

"(d) STATE REPORT.—The Secretary shall receive and review each State report submitted by a State under section 1910J, and shall compile, evaluate, and prepare and submit, every 3 years, to the appropriate Committees of Congress and the President, an annual national health objectives report concerning the data and information contained in such State report.

"(e) OTHER ASSISTANCE.—The Secretary shall provide consultation, guidance, and technical assistance to State, and through State to local units of government, and to other entities participating in the programs created under this subpart, to—

"(1) assist in the development of data sets as required under section 1910I, and uniform data items required under section 1910J; and

"(2) assist States with the development of local and State plans, or amendments to such plans, that the Secretary determines does not comply with the requirements of this subpart, in revising such plans or amendments to comply with the requirements of this subpart.

"(f) UNIFORM DATA SETS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with State and local health officials and the National Health Objectives Advisory Committee, shall establish uniform data sets for each of the national health priorities described in subsection (b). Such data sets shall be consistent with those established under section 1906 and shall be adopted not later than 2 years after the date of the enactment of this subpart.

"(g) IMPLEMENTATION.—In implementing the provisions of sections 1910I, 1910J and this section, with respect to data sets and data items, the Secretary shall, to the extent practicable, rely on previously developed uniform data sets, systems and indicators.

"(h) REPORT TO CONGRESS.—Not later than 3 years after the date of enactment of this subpart, and every 3 years thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the activities of the States that have received funds under this subpart. Such report shall include State compilations of the information contained in the reports prepared under section 1910J, and any recommendations for appropriate changes in legislation necessary to facilitate improvement in the health status of the United States and of selected subgroups within the United States, facilitate the implementation of the State plans described in section 1910I and to facilitate other changes determined appropriate by the Secretary under subpart 2."

### Subtitle C—Categorical Programs

#### SEC. 131. NATIONAL DEMONSTRATION PROJECTS FOR WOMEN'S HEALTH.

Section 317(k) (42 U.S.C. 247b(k)) is amended—



(1) by redesignating paragraphs (4) and (5) as paragraphs (5) and (6), respectively; and

(2) by inserting after paragraph (3) the following new paragraph:

“(4)(A) The Secretary shall award grants to States, and in consultation with State health agencies, to political subdivisions of States, community based organizations, and other public and nonprofit private entities for—

“(i) the establishment of demonstration projects for the prevention of conditions or diseases that adversely affect women;

“(ii) the establishment of demonstration projects for the promotion of women’s health; and

“(iii) the development and dissemination of information for health promotion and disease prevention related to issues of women’s health.

“(B) The projects and activities carried out under this subsection shall have an emphasis on, but not be restricted to the prevention or control of osteoporosis, coronary heart disease, diabetes, obesity and tobacco use.

“(C) There are authorized to be appropriated to carry out this paragraph, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.”.

#### SEC. 132. INCREASED INJURY PREVENTION ACTIVITIES.

(a) INJURY CONTROL ACTIVITIES.—Section 392 (42 U.S.C. 280b-1) is amended by adding at the end thereof the following new subsections:

“(c) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may establish a national information clearinghouse to facilitate the exchange and dissemination of information concerning the prevention and control of injuries in homes, schools, public buildings and other such locations not otherwise covered by the Occupational Safety and Health Act of 1970.

“(d) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to, or enter into contracts with, State departments of health and education, and in consultation with State authorities, to local departments of health and education, for the purposes of helping public schools to implement effective programs to prevent injuries and behaviors associated with unnecessary risks for injuries. As a condition of awarding a grant under this subsection to a State or local department of education, the Secretary shall require that such department of education coordinate with the relevant department of health in utilizing amounts received under such grant.

“(e)(1) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award grants to States, and in consultation with State health agencies, to political subdivisions of States, community based organizations, and other public and nonprofit private entities for the establishment of 10 demonstration projects for the prevention and control of injuries in homes, schools, public buildings and other such locations not otherwise covered by the Occupational Safety and Health Act of 1970.

“(2)(A) Not more than 50 percent the amount appropriated under section 394 for fiscal year 1993 that exceeds \$30,000,000, but in no event in excess of \$2,000,000, shall be used to establish five demonstration projects under paragraph (1) in such fiscal year.

“(B) Not more than 50 percent of the amount appropriated under section 394 for fiscal year 1994 that exceeds the amount appropriated under such section for fiscal year 1993, but in no event in excess of \$2,000,000, shall be used to establish the remaining five demonstration projects required under paragraph (1) in such fiscal year. Additional projects may be established under such paragraph if appropriations remain available.

“(3) The projects and activities carried out under this subsection shall place an emphasis on, but not be restricted to, childhood injuries, particularly injuries to children under five years of age, prevention of motor vehicle injuries, violence and falls.”.

(b) REPORT AND RECOMMENDATIONS.—Section 393 (42 U.S.C. 280b-2) is amended—

(1) in the section heading to read as follows:

“REPORT AND RECOMMENDATIONS”;

(2) by inserting “(a)” after the section designation; and

(3) by adding at the end thereof the following new subsection:

“(b) The Director of the Centers for Disease Control and Prevention shall biennially prepare and submit to the Secretary a report, together with recommendations and guidelines, concerning new technologies and practices based on established research findings of efficacy for injury prevention and control. The Secretary shall

consider such recommendations and guidelines in determining whether to approve the purchase or lease of equipment, including vehicles, for use by the Department of Health and Human Services. The Secretary shall forward such recommendations and guidelines to the Congress, the Director of the General Services Administration, and any other agency head or State Governor that requests a copy of such recommendations and guidelines.”

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 394 (42 U.S.C. 280b-3) is amended—

(1) by striking out “\$10,000,000” and all that follows and inserting “\$40,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.”;

(2) by inserting “(a)” after the section designation; and

(3) by adding at the end thereof the following new subsection:

“(b) The Secretary shall only make grants under section 392(e) for a fiscal year if amounts appropriated under subsection (a) for such fiscal year are in excess of the amount appropriated under this section for fiscal year 1991.”

#### SEC. 133. ESTABLISHMENT OF AN OFFICE OF ADOLESCENT HEALTH.

Title III (42 U.S.C. 241 et seq.) is amended by adding at the end thereof the following new part:

### *“Part M—Adolescent Health*

#### “SEC. 399F. OFFICE OF ADOLESCENT HEALTH.

“(a) ESTABLISHMENT.—The Secretary, acting through the Assistant Secretary for Health, shall establish an Office of Adolescent Health (hereafter referred to in this part as the ‘Office’) and provide administrative support and support services to the Director of such Office.

“(b) DIRECTOR.—The Office shall be headed by a Director (hereafter referred to in this part as the ‘Director’) who shall be appointed by the Assistant Secretary for Health.

“(c) PURPOSE AND DUTIES.—It shall be the purpose of the Office to ensure the sufficiency of the efforts of the Federal government to improve the health status of adolescents. The Office shall—

“(1) coordinate all activities within the Department that relate to the monitoring of trends in the health status of adolescents through data collection;

“(2) coordinate all activities (including research) within the Department concerning the design of, support for, and evaluation of, adolescent health services;

“(3) establish a national information clearinghouse to facilitate the exchange of information concerning all Federal research activities and initiatives as such relates to adolescent health and to facilitate access to such information;

“(4) oversee multidisciplinary disease, injury, and disability prevention research projects concerning conditions and diseases unique to, more prevalent in, or neglected in adolescents;

“(5) coordinate the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, social workers;

“(6) establish within the Office an advisory committee under section 399H to be known as the National Advisory Committee on Adolescent Health;

“(7) provide advice to Congress concerning adolescent health issues; and

“(8) in collaboration with the National Adolescent Health Advisory Commission, develop a national strategic plan to access adolescent health issues.

#### “SEC. 399G. ADOLESCENT HEALTH INITIATIVES.

“(a) GRANTS.—The Secretary, acting through the Office of Adolescent Health, shall award grants to, or enter into contract with, State health agencies and other eligible applicants to assist such applicant in funding activities authorized under an application approved under section (d).

“(b) USE OF AMOUNTS.—Amounts provided under a grant or contract under subsection (a) shall be used by the recipients of such amounts to fund multidisciplinary projects based on established research findings of efficacy that are designed to—

“(1) use new and innovative methods to train health care practitioners to provide services to adolescents; and

“(2) demonstrate and evaluate innovative multidisciplinary methods and models designed to prevent adolescent violence.

“(c) ELIGIBLE APPLICANTS.—To be eligible to receive a grant or contract under this section an entity shall be a State or local health department, nonprofit organization and public or nonprofit college, university or school of, or program that specializes in, adolescent medicine, nursing, medicine, osteopathy, social work, psychology,



public health, and programs that train physician assistants and shall prepare and submit to the Secretary for approval an application under subsection (d). Eligible entities shall not include for-profit entities, either directly or through a subcontract or subgrant.

“(d) APPLICATIONS.—

“(1) SUBMISSION.—To be eligible to receive a grant or contract under subsection (a) an entity shall prepare and submit an application to the Secretary at such time, in such form, and containing such information as the Secretary shall require.

“(2) REQUIREMENTS.—Applications submitted under this subsection shall—

“(A) be submitted by a coalition or consortium of at least three eligible applicants with the express purpose of establishing long-term collaborative relationships with adolescent health care providers; and

“(B) provide any additional information required by the Secretary.

“(e) PEER REVIEW.—

“(1) IN GENERAL.—Each application for a grant or contract under this section shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application.

“(2) ESTABLISHMENT.—The Secretary shall establish such peer review groups as may be necessary to carry out paragraph (1). The Secretary shall make appointments to the peer review groups from among appropriately qualified persons who are not officers or employees of the United States.

“(3) REPORT OF FINDINGS.—With respect to applications referred to in paragraph (1), a peer review group established pursuant to such paragraph shall report its findings and recommendations to the Secretary. The Secretary may not approve such an application unless a peer review group has recommended the application for approval, and awards should be made in the order of priority from the peer review process.

“(4) ADMINISTRATION.—This paragraph shall be carried out by the Secretary.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

“SEC. 399H. NATIONAL ADOLESCENT HEALTH ADVISORY COMMISSION.

“(a) COMPOSITION.—The Advisory Commission (hereafter referred to in this section as the ‘Commission’) established under section 399F(c)(6) shall be composed of—

“(1) the Assistant Secretary of Health;

“(2) the Assistant Secretary of Education for Elementary and Secondary Schools;

“(3) a representative of the Health Resources and Services Administration to be appointed by the Secretary;

“(4) a representative of the Centers for Disease Control and Prevention to be appointed by the Secretary;

“(5) a representative of the National Institute of Health to be appointed by the Secretary;

“(6) five individuals appointed by the Secretary from among physicians, practitioners, scientists, and other health professionals whose clinical practice and research specialization focus on adolescent health; and

“(7) a parent of an adolescent to be appointed by the Secretary.

“(b) APPOINTMENTS.—Not later than April 1, 1992, the Secretary shall appoint the members of the Commission in accordance with subsection (a).

“(c) MEETINGS.—The Commission shall meet not less than twice annually to provide advice and make recommendations to the Secretary and to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives, with respect to—

“(1) priority research needs;

“(2) appropriate research activities to be supported by the Office;

“(3) deficiencies and needs for improvements in existing data bases concerning adolescent health status and steps that should be taken to eliminate such deficiencies; and

“(4) identify problems in adolescent health and make recommendations for the resolution of such problems.

“(d) REPORTS.—

“(1) INTERIM REPORTS.—Not later than 1 year and 3 years after the date on which the initial meeting of the Commission is held, the Commission shall prepare and submit to the individual and entities described in subsection (c) a progress report concerning the activities of the Commission.



"(2) FINAL REPORT.—Not later than April 1, 1996, the Commission shall prepare and submit to the individuals and entities described in subsection (c) a final report concerning its activities.

"(e) STAFF SUPPORT FOR THE ADVISORY COMMISSION.—The Director of the Centers for Disease Control and Prevention, acting through the Division of Adolescent and School Health, shall provide the staff support for the Commission."

#### SEC. 134. IMPROVEMENT IN LEAD POISONING SCREENING AND PREVENTION.

##### (a) AUTHORITY FOR GRANTS.—

(1) IN GENERAL.—Section 317A(a) (42 U.S.C. 247b-1(a)) is amended to read as follows:

##### "(a) AUTHORITY FOR GRANTS.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to public and nonprofit private entities (including States and political subdivisions of States) for the initiation and expansion of community programs designed—

"(A) to provide, for infants and children—

"(i) screening for elevated blood-lead levels;

"(ii) referral for treatment of such levels; and

"(iii) referral for environmental intervention associated with such levels; and

"(B) to provide education about childhood lead poisoning.

"(2) PROVISION OF ALL SERVICES AND ACTIVITIES THROUGH EACH GRANTEE.—In making grants under paragraph (1), the Secretary shall ensure that each of the services and activities described in such paragraph is provided through each grantee under such paragraph. The Secretary may authorize such a grantee to provide the services and activities directly, or through arrangements with other providers."; and

(2) CONFORMING AMENDMENTS.—Section 317A (42 U.S.C. 247b-1) is amended—

(A) by redesignating subsections (b) through (j) as subsections (d) through (l), respectively;

(B) in subsection (h) (as so redesignated)—

(i) in paragraph (1), by striking the comma after "recipient" and inserting a semicolon; and

(ii) in paragraph (2), by striking the comma at the end and inserting a semicolon; and

(C) by inserting before subsection (d) (as so redesignated) the following:

"(c) PRIORITY IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give priority to applications for programs that will serve areas with a high incidence of elevated blood-lead levels in infants and children."

(b) ESTABLISHMENT OF REQUIREMENT REGARDING STATUS AS MEDICAID PROVIDER.—Section 317A, as amended by subsection (a)(2)(A), is further amended by inserting after subsection (a) the following new subsection:

##### "(b) STATUS AS MEDICAID PROVIDER.—

"(1) IN GENERAL.—Subject to paragraph (2), the Secretary may not make a grant under subsection (a) unless, in the case of any service described in such subsection that is made available pursuant to the State plan approved under title XIX of the Social Security Act for the State involved—

"(A) the applicant for the grant will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

"(B) the applicant will enter into an agreement with a provider under which the provider will provide the service, and the provider has entered into such a participation agreement and is qualified to receive such payments.

##### "(2) WAIVER REGARDING CERTAIN SECONDARY AGREEMENTS.—

"(A) In the case of a provider making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph regarding a participation agreement shall be waived by the Secretary if the provider does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

"(B) A determination by the Secretary of whether a provider referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the provider accepts voluntary donations regarding the provision of services to the public."

## (c) GRANT APPLICATION.—

(1) COORDINATION.—Section 317A, as amended by subsection (a)(2)(A), is further amended—

(A) by striking out subsection (f); and

(B) in subsection (d)(1)—

(i) by inserting “, including the sources of lead exposure, the immediate risk of lead-based paints, other sources of lead including drinking water and soil, the potential dangers of lead exposure during home renovations, the importance of screening young children for lead, and the preventive steps that parents can take in reducing the risk for lead poisoning,” after “infants and children” in subparagraph (B);

(ii) by redesignating subparagraph (E) as subparagraph (F); and

(iii) by inserting after subparagraph (D) the following new subparagraph:

“(E) Assurances satisfactory to the Secretary that the program to be provided under the grant applied for will include educational programs designed to communicate to health professionals and paraprofessionals updated knowledge concerning lead poisoning and research, the health consequences, if any, of low-level lead burden, the prevalence of lead poisoning among all socioeconomic groupings, the benefits of expanded lead screening, and the therapeutic and other interventions available to prevent and combat lead poisoning in affected children and families.”

(2) REPORT.—Section 317A(d)(2), as redesignated by subsection (a)(2)(A), is amended to read as follows:

“(2) ANNUAL REPORT.—Not later than February 1 of each year, the Secretary shall submit to Congress, a report on the effectiveness during the preceding fiscal year of programs carried out with grants under subsection (a) and of any programs that are carried out by the Secretary pursuant to subsection (1)(2). Such reports shall, include in addition to any other information that the Secretary shall require a description of the number of individuals screened, age distribution of individuals screened, minority representation of the screened population, number of screening sites, percentage of children screened with blood levels greater than 10 micrograms per deciliter, and prior years information for these categories where available. Recipients of grants under this section that are required to report equivalent information to the Secretary under other sections of this Act shall be exempt from the requirements of this subsection.”

(3) TECHNICAL AND CONFORMING AMENDMENTS.—Section 317A(d)(1), as redesignated by subsection (a)(2)(A) and amended by subsection (c)(1)(B)(i), is further amended—

(A) by striking out “(d) GRANT” and all that follows through “No grant” and inserting the following:

“(d) GRANT APPLICATION.—

“(1) IN GENERAL.—No grant”;

(B) by moving each of subparagraphs (A) through (F) 2 ems to the right; and

(C) in subparagraph (C), by striking out “effectiveness” and all that follows and inserting in lieu thereof “effectiveness.”

(d) ESTABLISHMENT OF PROVISION REGARDING RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PROGRAMS.—Section 317A, as amended by subsection (c)(1)(A), is further amended by inserting after subsection (e) the following new subsection:

“(f) RELATIONSHIP TO SERVICES AND ACTIVITIES UNDER OTHER PROGRAMS.—

“(1) IN GENERAL.—A recipient of a grant under subsection (a) may not make payments from the grant for any service or activity to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service or activity—

“(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

“(B) by an entity that provides health services on a prepaid basis.

“(2) APPLICABILITY TO CERTAIN SECONDARY AGREEMENTS FOR PROVISION OF SERVICES.—Paragraph (1) shall not apply in the case of a provider through which a grantee under subsection (a) provides services under such subsection if the Secretary has provided a waiver under subsection (b)(2) regarding the provider.”

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 317A(l), as redesignated by subsection (a)(2)(A), is further amended—

(1) by striking out “There are” and all that follows through “not more than” and inserting in lieu thereof the following: “For the purpose of carrying out this section, there are authorized to be appropriated”;



- (2) by striking "and" after "1990,"; and
- (3) by inserting before the period the following: ", \$40,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996."

(f) **NATIONAL EDUCATION PROGRAM.**—Title III is amended by inserting after section 317A (42 U.S.C. 247b-1) the following new section:

**"SEC. 317B. NATIONAL LEAD POISONING PREVENTION EDUCATION PROGRAM.**

"The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a national program designed to educate health professionals and paraprofessionals and the general public concerning lead poisoning. As part of such educational program the Secretary shall ensure that such individuals have access to information concerning the health effects of low-level lead toxicity, the most serious causes of lead poisoning, and the primary and secondary preventive measures that may be taken to combat the problem of lead poisoning."

(g) **RESEARCH AND DEVELOPMENT.**—Title III (as amended by subsection (f) is further amended by inserting after section 317B the following new section:

**"SEC. 317C. NATIONAL LEAD POISONING TECHNOLOGY ASSESSMENT AND EPIDEMIOLOGY PROGRAM.**

"The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a concerted technology assessment and epidemiology program to—

"(1) develop improved testing measures that may be administered to children to detect lead toxicity using methods that are sufficiently reliable, sensitive, applicable and cost-effective;

"(2) more accurately assess the prevalence of lead poisoning by State, socioeconomic grouping, and health care insurance status; and

"(3) conduct any applied research necessary to improve the effectiveness of childhood lead poisoning prevention programs."

(h) **TASK FORCE TO COORDINATE EFFORTS TO PREVENT LEAD POISONING.**—Title III (as amended by subsections (f) and (g) is further amended by inserting after section 317C the following new section:

**"SEC. 317D. INTERAGENCY TASK FORCE ON THE PREVENTION OF LEAD POISONING.**

"(a) **ESTABLISHMENT.**—Not later than 6 months after the date of enactment of this Act, the Secretary shall establish a task force, to be known as the 'Interagency Task Force on the Prevention of Lead Poisoning', to coordinate the efforts of Federal agencies to prevent lead poisoning.

"(b) **COMPOSITION.**—The task force established under subsection (a) shall be composed of—

"(1) the Secretary, who shall serve as the chairperson of the task force;

"(2) the Secretary of Housing and Urban Development;

"(3) the Administrator of the Environmental Protection Agency; and

"(4) senior staff selected by the Secretary of Health and Human Services, Secretary of Housing and Urban Development and Administrator of the Environmental Protection Agency.

"(c) **DUTIES.**—The task force established under subsection (a) shall—

"(1) review, evaluate and coordinate current strategies and plans formulated by the Department of Health and Human Services (including the Strategic Plan for the Elimination of Lead Poisoning of February 21, 1991), the Department of Housing and Urban Development (including the Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Housing of December 7, 1990) and the Environmental Protection Agency (including the Strategy for Reducing Lead Exposures of February 21, 1991) and develop a unified implementation plan for programs related to the prevention of lead poisoning that receive assistance from the Federal Government;

"(2) establish a mechanism for sharing and disseminating information among and to agencies participating in the task force;

"(3) identify the most promising areas of research and education concerning lead poisoning;

"(4) identify the practical and technological constraints to expanding lead poisoning prevention;

"(5) annually carry out a comprehensive review of Federal programs providing assistance to prevent lead poisoning, and prepare and submit not later than May 1 of each year to the Committee on Labor and Human Resources and the Committee on the Environment and Public Works of the Senate and the Com-



mittee on Energy and Commerce of the House of Representatives, a report that summarizes the review conducted under this paragraph and contains any program, policy and budgetary recommendations of the task force; and

"(6) annually review and coordinate departmental and agency budgetary requests with respect to all lead poisoning prevention activities of the Federal Government."

(i) **EFFECTIVE DATE.**—The amendments made by this section shall take effect October 1, 1991, or upon the date of the enactment of this Act, whichever occurs later.

#### SEC. 135. PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED DISEASES.

Section 318 (42 U.S.C. 247c) is amended—

(1) in subsection (b), by inserting after "may make grants to States," the following: "and with notification of the State health authority, to";

(2) in the first sentence of subsection (d)(1), by striking out "\$45,000,000" and all that follows through the period and inserting in lieu thereof "\$120,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996"; and

(3) by adding at the end thereof the following new subsection:

"(f) Recipients of grants under subsection (a) shall annually prepare and submit to the Secretary a report concerning the services provided using such grant funds. Such reports shall include information determined appropriate by the Secretary."

#### SEC. 136. SCREENING AND EARLY DETECTION OF PROSTATE CANCER.

Title III is amended by inserting after Section 318 (42 U.S.C. 247c) the following new section:

##### "SEC. 318A. PROSTATE CANCER SCREENING AND EARLY DETECTION.

"(a) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, academic medical centers, or other public or nonprofit private entities—

"(1) to determine the prevalence, incidence and mortality rates and stage at diagnosis of prostate cancer, nationally, within regions and within subgroups of the population; and

"(2) to determine the state of current practices for the screening and diagnosis of prostate cancer and the effectiveness of such practices in reducing mortality.

Such grants shall be awarded on the basis of an established competitive review process.

"(b) **COORDINATION WITH THE NATIONAL INSTITUTES OF HEALTH.**—The Director of the Centers of Disease Control and Prevention shall coordinate with the Director of the National Institutes of Health to—

"(1) evaluate existing methods for the screening and diagnosis of prostate cancer in order to develop more sensitive and specific, less expensive screening and diagnostic methods;

"(2) evaluate and improve reporting of surveillance data relative to prostate cancer;

"(3) disseminate information concerning such methods to health professionals; and

"(4) collaborate to expedite the review of research and development of technologies that insure early detection of prostate cancer.

"(c) **APPLICATION REQUIREMENTS.**—The Secretary may not make a grant under subsection (a) unless an application for such grant is submitted to the Secretary. Such application shall be in such form, submitted at such time, and contain such information as the Secretary determines to be appropriate to carry out this section, including a description of the activities, as described in subsection (a), that the applicant intends to use the amounts received under such grant to carry out.

"(d) **DESCRIPTION OF INTENDED USE OF GRANTS.**—The Secretary may not make a grant under subsection (a) unless the applicant for such grant submits to the Secretary a description of the purposes for which the applicant intends to expend the amounts received under the grant that—

"(1) identifies the populations, areas and locations to be assessed under the grant; and

"(2) provides assurances that the grant funds will be used in the most cost-effective manner practicable.

"(e) **TECHNICAL ASSISTANCE.**—The Secretary may provide training and technical assistance with respect to the planning, development and operation of activities carried out under grants awarded under this section.

"(f) REPORTS.—Not later than 18 months after the awarding of grants under this section, and annually thereafter, the Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce in the House of Representatives, a report that contains—

"(1) a summary of the findings derived from the activities carried out under grants awarded under this section during the preceding fiscal year; and

"(2) recommendations for administrative and legislative initiatives to improve the public health based upon the findings described in paragraph (1) that the Secretary determines to be appropriate.

"(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

SEC. 137. SPECIAL REGIONAL AND NATIONAL DEMONSTRATION PROJECTS FOR MINORITY HEALTH PROMOTION AND DISEASE PREVENTION.

Title XVII (42 U.S.C. 300u) is amended by adding at the end thereof the following new section:

"SEC. 1708. SPECIAL REGIONAL AND NATIONAL DEMONSTRATION PROJECTS FOR MINORITY HEALTH PROMOTION AND DISEASE PREVENTION.

"(a) GRANTS.—The Secretary, acting through the Assistant Secretary of Health, shall award grants to States, political subdivisions of States, public or nonprofit community-based organizations, and other public and nonprofit private entities for the establishment of demonstration projects for the prevention of diseases that disproportionately affect minorities.

"(b) PRIORITY.—In awarding grants for projects under subsection (a), the Secretary shall give priority to projects that are designed to address the leading causes of death, disease and disability in minority populations, including cancer, cardiovascular disease, diabetes, violence, homicide, and tobacco use.

"(c) APPLICATION.—To be eligible to receive a grant under this section, an entity of the type described in subsection (a) shall prepare and submit to the Secretary an application, at such time, in such form, and containing such information as the Secretary determines appropriate.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996."

## TITLE II—COORDINATION OF HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

SEC. 201. SHORT TITLE.

This title may be cited as the "Health Promotion and Disease Prevention Coordination Act of 1991".

SEC. 202. HEALTH INFORMATION AND HEALTH PROMOTION.

(a) OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION.—Paragraph (11) of section 1701(a) (42 U.S.C. 300u(a)(11)) is amended to read as follows:

"(11) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, to be headed by a director appointed by the Secretary, that shall—

"(A) ensure interagency and interdepartmental coordination of all activities related to health promotion and disease prevention, specifically including nutrition, physical fitness, children and school health, worksite health promotion, health promotion for special populations at risk for preventable disease and disability, and other matters that involve various agencies of the Department or collaboration with other Federal departments and agencies;

"(B) coordinate Federal activities of the type described in subparagraph (A) with similar activities conducted by the private sector and encourage the establishment of additional activities of this type in the private sector;

"(C) establish a national information clearinghouse to—

"(i) facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care;

"(ii) facilitate the access of health care providers, other providers of health information, and health care consumers to such information; and

"(iii) facilitate and assist entities in the access of such information and the analysis of issues and problems relating to such matters;



"(D) support projects, conduct research, and disseminate information relating to health promotion, disease prevention, preventive medicine and physical fitness and exercise;

"(E) coordinate, in collaboration with agencies within the Department and other Federal Departments and agencies, a national effort to promote health and prevent disease through the enhancement of health related behavior, improve access to preventive health services, and health information, communication and education with respect to the appropriate use of health care; and

"(F) report to the public, through the publication of a short, easy-to-understand annual report on key Healthy People 2000 objective indicators and on progress made toward achieving the Healthy People 2000 objectives, to—

"(i) focus attention on an easily identifiable and understandable set of core health objective indicators;

"(ii) highlight national, State, and individual health status indicators and cite specific examples;

"(iii) stress quality of life indicators;

"(iv) maximize the use of the print and electronic media to promote the health status of the United States and the Healthy People 2000 objectives;

"(v) highlight priority areas where additional efforts are needed, either at the national, State, or individual level, to attain specific Healthy People 2000 objectives; and

"(vi) report on the current ranking of the United States with respect to the infant mortality and life expectancy rates."

(b) AUTHORIZATION OF APPROPRIATIONS.—Subsection (b) of section 1701 (42 U.S.C. 300u(b)) is amended to read as follows—

"(b) For the purpose of carrying out this section and sections 1702 through 1705, there are authorized to be appropriated \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996."

(c) TARGET POPULATIONS.—Section 1701 (42 U.S.C. 300u) is amended by adding at the end thereof the following new subsection:

"(d) With respect to activities carried out with amounts appropriated under this title, particular emphasis shall be placed on the target populations under each grant, contract or other activity under this title to ensure that appropriate priority is provided to populations and groups with documented historically poor health."

(d) LITERACY REQUIREMENTS.—Section 1701(a)(3) (42 U.S.C. 300u(a)(3)) is amended—

(1) in subparagraph (B), by striking out "and" at the end thereof;

(2) in subparagraph (C), by adding "and" after the semicolon; and

(3) by adding at the end thereof the following new subparagraph:

"(D) ensure that, after January 1, 1992, at least one-half of all new or revised health education and promotion materials developed or funded by the Department is in a form that does not exceed a level of functional literacy, as defined in the National Literacy Act of 1991 (Public Law 102-72);"

#### SEC. 203. INTERDEPARTMENTAL COORDINATING COUNCIL.

Section 1701 (42 U.S.C. 300u) (as amended by section 202(c)) is further amended by adding at the end thereof the following new subsection:

"(e)(1) The Secretary, in consultation with the Secretary of Education, shall establish an interdepartmental group for coordinating activities and fostering cooperation with respect to programs concerning multidimensional school health programs, including school health education. Multidimensional school health programs may include—

"(A) school health education;

"(B) school-linked or school based health services designed to prevent, detect and address health problems;

"(C) programs to create a healthy and safe school environment;

"(D) physical education;

"(E) healthful school food services;

"(F) psychological assessment and counseling to promote child development and emotional health;

"(G) schoolsite health promotion for faculty and staff; and

"(H) integrated school and community disease prevention and health promotion efforts.

"(2) The group established under paragraph (1) shall foster cooperation in linking national health objectives established by the Secretary with national education goals established by the Secretary of Education, and promote the establishment of

multidimensional school health programs, particularly comprehensive school education, to improve the health of American youth.

"(3) The Secretary and the Secretary of Education, through the Assistant Secretary for Elementary and Secondary Education, shall serve as co-chairpersons of the group established under paragraph (1). The Secretary shall appoint individuals to serve as a members of the group from among representatives of appropriate components of the Department of Health and Human Services and the Department of Education. The co-chairpersons may solicit appropriate representation from other Federal departments and agencies. The Public Health Services shall provide staff support for convening the group established under paragraph (1)."

#### SEC. 204. DISSEMINATION OF HEALTH INFORMATION.

(a) RESEARCH.—Section 1702(a) (42 U.S.C. 300u-1(a)) is amended—

(1) in the matter preceding paragraph (1), by striking out "health information and";

(2) striking out paragraph (2);

(3) redesignating paragraphs (3) through (6) as paragraphs (2) through (5), respectively; and

(4) in paragraph (5) (as so redesignated), by striking out "paragraph (5)" and inserting in lieu thereof "paragraph (4)".

(b) INFORMATION.—Section 1704 (42 U.S.C. 300u-3) is amended by adding at the end thereof the following new paragraph:

"(6) A determination of the most effective methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintain and improve health, and prevent disease, reduce risk, or modify its course or severity."

#### SEC. 205. REPORT ON NATIONAL HEALTH STATUS IMPROVEMENT.

Subsection (a) of section 1705 (42 U.S.C. 300u-4(a)) is amended to read as follows:

"(a) The Secretary shall annually prepare and submit to the President, for subsequent transmittal to the appropriate committees of Congress, a report concerning the status of the nation's health. Each such report shall include—

"(1) a description of the activities carried out under this title for the period for which the report is being submitted and the extent to which each such activity achieves the purpose of the title;

"(2) a description of the goals and strategy formulated pursuant to section 1701(a)(1), the model standards developed under this title, and the results of the study conducted under subsection (b) of this section;

"(3) an analysis of the manner in which the health status of the nation has changed since during the period for which the report is submitted, including information concerning the nation's health status according to the national health status indicators developed under section 5 of the Year 2000 National Health Objectives Planning Act (Public Law 101-582); and

"(4) such recommendations as the Secretary considers appropriate for legislation with respect to health promotion, disease prevention, health information, preventive health services, and education in the appropriate use of health care, including recommendations for revisions and extensions of this title."

#### SEC. 206. HEALTH EDUCATION CURRICULUM.

Section 1707(b)(6) (42 U.S.C. 300u-6(b)(6)) is amended—

(1) by striking out "and" at the end of subparagraph (D);

(2) by adding "and" after the semicolon in subparagraph (E);

(3) by adding at the end thereof the following new subparagraph:

"(F) the development of model curricula and programs for health information and education for use in community and workplace settings."

#### SEC. 207. STATE OFFICES OF MINORITY HEALTH.

Title XVII (42 U.S.C. 300u et seq.) is amended by adding at the end thereof the following new section:

##### "SEC. 1709. GRANTS TO STATES FOR OPERATION OF OFFICES OF MINORITY HEALTH.

"(a) IN GENERAL.—The Secretary, acting through the Deputy Assistant Secretary for Minority health (as established under section 1707), may make grants to States for the purpose of improving the health status in minority communities, through the operation of State offices of minority health established to monitor and facilitate the achievement of the Health Objectives for the Year 2000 as they affect minority populations.

"(b) CERTAIN REQUIREMENT FOR STATES.—



"(1) MINIMUM QUALIFICATIONS.—The Secretary may not make a grant to a State under subsection (a) unless such State receives, under any provision of this Act other than subsection (a), one or more grants, cooperative agreements, or contracts for the fiscal year for which the State is applying pursuant to subsection (g) to receive a grant under subsection (a).

"(2) ADMINISTRATION OF PROGRAM.—The Secretary may not make a grant to a State under subsection (a) unless such State agrees that the program carried out by the State with amounts received under the grant will be administered directly by a single State agency.

"(c) CERTAIN REQUIRED ACTIVITIES.—The Secretary may not make a grant to a State under subsection (a) unless such State agrees that activities carried out by an office operated under the grant received pursuant to such subsection will—

"(1) establish and maintain within the State a clearinghouse for collecting and disseminating information on—

"(A) minority health care issues;

"(B) research findings relating to minority health care; and

"(C) innovative approaches to the delivery of health care and social services in minority communities;

"(2) coordinate the activities carried out in the State that relate to minority health care, including providing coordination for the purpose of avoiding redundancy in such activities; and

"(3) identify Federal and State programs regarding minority health, and providing technical assistance to public and non-profit entities regarding participation in such program.

"(d) REQUIREMENT REGARDING ANNUAL BUDGET FOR OFFICE.—The Secretary may not make a grant to a State under subsection (a) unless such State agrees that, for any fiscal year for which the State receives such a grant, the office operated under such grant will be provided with an annual budget of not less than \$50,000.

"(e) CERTAIN USES OF FUNDS.—

"(1) RESTRICTIONS.—The Secretary may not make a grant to a State under subsection (a) unless such State agrees that—

"(A) if research with respect to minority health is conducted pursuant to the grant, not more than 10 percent of the amount received under the grant will be expended for such research; and

"(B) amounts provided under the grant will not be expended—

"(i) to provide health care (including providing cash payments regarding such care);

"(ii) to conduct activities for which Federal funds are expended—

"(I) within the state to provide technical and other non-financial assistance under subsection (m) of section 340A;

"(II) under a memorandum of agreement entered into with the State under subsection (h) of such section;

"(III) under a grant under section 388I;

"(iii) to purchase medical equipment, to purchase ambulances, aircraft, or other vehicles, or to purchase major communications equipment;

"(iv) to purchase or improve real property; or

"(v) to carry out any activity regarding a certificate of need.

"(2) AUTHORITIES.—Activities for which a State may expend amounts received under a grant under subsection (a) include—

"(A) paying the costs of establishing an office of minority health for purposes of subsection (a);

"(B) subject to paragraph (1)(B)(ii)(III), paying the costs of any activity carried out with respect to recruiting and retaining health professionals to serve in minority communities in the State; and

"(C) providing grants and contracts to public and non-profit private entities to carry out activities authorized in this section.

"(f) REPORTS.—The Secretary may not make a grant to a State under subsection (a) unless such State agrees—

"(1) to submit to the Secretary reports containing such information as the Secretary may require regarding activities carried out under this section by the State; and

"(2) to submit such a report not later than January 10 of each fiscal year immediately following any fiscal year for which the State has received such a grant.

"(g) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant to a State under subsection (a) unless an application for the grant is submitted to the

Secretary and the application in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out such subsection.

“(h) **NONCOMPLIANCE.**—The Secretary may not make payments under subsection (a) to a State for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the State has complied with each of the agreements made by the State under this section.

“(i) **DEFINITIONS.**—For purposes of making grants under subsection (a) there are authorized to be appropriated \$3,000,000 for fiscal year 1992, \$4,000,000 for fiscal year 1993, \$3,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1996.

“(2) **AVAILABILITY.**—Amounts appropriated under paragraph (1) shall remain available until expended.

“(k) **TERMINATION OF PROGRAM.**—No grant may be made under this section after the aggregate amounts appropriated under subsection (j)(1) are equal to \$10,000,000.”.

### **TITLE III—PREVENTABLE CASES OF INFERTILITY**

#### **SEC. 301. ESTABLISHMENT OF PROGRAM OF GRANTS REGARDING PREVENTABLE CASES OF INFERTILITY ARISING AS RESULT OF SEXUALLY TRANSMITTED DISEASES.**

Title III (42 U.S.C. 241 et seq.) (as amended by sections 133 and 302), is further amended by adding at the end the following new part:

#### **“PART 0—PREVENTABLE CASES OF INFERTILITY**

##### **“SEC. 399N. INFERTILITY ARISING AS RESULT OF SEXUALLY TRANSMITTED DISEASES.**

“(a) **IN GENERAL.**—The Secretary may make grants to States, political subdivisions of States, and any other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the disease. The Secretary shall carry out this section acting through the Director of the Centers for Disease Control and Prevention.

“(b) **SPECIFICATION OF RELEVANT DISEASES.**—

“(1) **IN GENERAL.**—For each fiscal year, the Secretary shall make a determination specifying all sexually transmitted diseases that are diseases described in subsection (a).

“(2) **DISEASES APPLICABLE WITH RESPECT TO GRANTEE INVOLVED.**—In making a grant under subsection (a) to an applicant for the grant, the Secretary shall make a determination in order to select, from among the diseases specified for purposes of paragraph (1) for the fiscal year involved, the particular diseases with respect to which the grant is to be made to the applicant. The Secretary may select, for purposes of the determination, any or all of the diseases so specified. The Secretary may not make such a grant unless the applicant agrees to carry out this section only with respect to the disease or diseases selected for the applicant through the determination.

“(c) **AUTHORIZED ACTIVITIES.**—With respect to any sexually transmitted disease described in subsection (a), the activities referred to in such subsection are—

“(1) providing counseling to women on the prevention and control of the disease, including, in the case of a woman with the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease;

“(2) screening women for the disease and for secondary conditions resulting from the disease, and as appropriate, to provide pregnancy testing;

“(3) providing treatment to women for the disease;

“(4) providing referrals regarding the provision of other medical services to women screened pursuant to paragraph (2), including, as appropriate, referrals for evaluation and treatment regarding acquired immune deficiency syndrome and other sexually transmitted diseases and referrals regarding pregnancy, childbirth, and pediatric care;

“(5) providing follow-up services to determine the outcomes of medical services;

“(6) in the case of any woman receiving services pursuant to any of paragraphs (1) through (5), providing to the partner of the woman the services described in such paragraphs, as appropriate;



"(7) providing outreach services to inform women of the fact that the services described in paragraphs (1) through (6) are available from the grantee involved;

"(8) providing to the public information and education on the prevention and control of the disease, including disseminating such information;

"(9) providing training to health care providers in carrying out the counseling and screenings described in paragraphs (1) and (2);

"(10) in the case of services and activities described in this subsection, coordinating the services and activities in accordance with subsection (g); and

"(11) collecting, in accordance with subsection (k), data on the incidence and prevalence of the disease in order to assist in carrying out activities for the prevention and control of the disease, including activities to educate the public regarding the disease.

"(d) **REQUIREMENT OF AVAILABILITY OF ALL SERVICES THROUGH EACH GRANTEE.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that each authorized service will be available through the applicant. With respect to compliance with such agreement, the applicant may expend the grant to provide any of the services directly, and may expend the grant to enter into agreements with other public or nonprofit private entities under which the entities provide the services.

"(e) **REQUIRED PROVIDERS REGARDING CERTAIN SERVICES.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that, in expending the grant to provide authorized services, the services described in paragraphs (1) through (7) of subsection (c) will be provided only through entities that are State or local health departments, grantees under sections 329, 330, or 1001 or are other public or nonprofit private entities that provide health services to a significant number of low-income women.

"(f) **QUALITY ASSURANCE REGARDING SCREENING FOR DISEASES.**—For purposes of this section, the Secretary shall establish criteria for ensuring the quality of screening procedures for diseases described in subsection (a). The Secretary may not make a grant under such subsection unless the applicant involved agrees, with respect to any disease selected in the determination made under subsection (b)(2) for the applicant, to carry out screenings for the disease in accordance with such criteria.

"(g) **COORDINATION OF SERVICES.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees to coordinate all authorized services provided through the applicant for the purpose of ensuring efficiency in the provision of the services.

"(h) **CONFIDENTIALITY.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees to maintain the confidentiality of information on individuals regarding screenings of the individuals for sexually transmitted diseases, subject to complying with applicable law.

"(i) **LIMITATION ON IMPOSITION OF FEES FOR SERVICES.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

"(1) will be made according to a schedule of charges that is made available to the public;

"(2) will be adjusted to reflect the income of the individual involved; and

"(3) will not be imposed on any individual with an income of less than 150 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

"(j) **LIMITATIONS ON CERTAIN EXPENDITURES.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that—

"(1) in the case of the first fiscal year for which the applicant receives payments under the grant, not more than 20 percent of the grant will be expended for the purpose of carrying out paragraphs (8) through (11) and subsection (c); and

"(2) in the case of any subsequent fiscal year for which the applicant receives payments under any grant under subsection (a), not more than 15 percent of the grant will be expended for such purpose.

"(k) **REPORTS TO SECRETARY.**—

"(1) **COLLECTION OF DATA.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees, with respect to any disease selected in the determination made under subsection (b)(2) for the applicant, to submit to the Secretary, for each fiscal year for which the applicant receives such a grant, a report providing—

"(A) the incidence of the disease among the population of individuals served by the applicant;

"(B) the number and demographic characteristics of individuals in such population;

"(C) the types of interventions and treatments provided by the applicant, and the health conditions with respect to which referrals have been made pursuant to subsection (c)(4);

"(D) an estimate by the applicant of the effect of the services provided under the grant on the community in which the services have been provided; and

"(E) providing such other information as is available to the applicant and determined by the Secretary to be relevant regarding the prevention and control of the disease.

"(2) UTILITY AND COMPARABILITY OF DATA.—The Secretary shall carry out activities for the purpose of ensuring the utility and comparability of data collected pursuant to paragraph (1). The Secretary may not make a grant under subsection (a) unless the applicant involved makes such agreements as the Secretary determines to be necessary for such purpose.

"(1) MAINTENANCE OF EFFORT.—

"(1) IN GENERAL.—With respect to activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not, subject to paragraph (2), make such a grant for any fiscal year unless the applicant agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the first fiscal year for which the entity receives such a grant.

"(2) APPLICABILITY TO PRIVATE ENTITIES.—In the case of a nonprofit private entity making an agreement under paragraph (1), the Secretary may require the entity to comply with the agreement only to the extent of the amount of non-Federal amounts that are available to the entity for the activities to which the agreement applies.

"(m) SUBMISSION OF PLAN FOR PROGRAM OF GRANTEE.—

"(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the applicant involved submits to the Secretary a plan describing the manner in which the applicant will comply with the agreements required as a condition of receiving such a grant, including a specification of the entities through which authorized services will be provided and a specification of the manner in which such services will be coordinated for purposes of subsection (g).

"(2) PARTICIPATION OF CERTAIN ENTITIES.—The Secretary may not make a grant under subsection (a) unless the applicant provides assurances satisfactory to the Secretary that the plan submitted under paragraph (1) has been prepared in consultation with an appropriate number and variety of—

"(A) representatives of entities in the geographic area involved that provide services for the prevention and control of sexually transmitted diseases, including programs to provide to the public information and education regarding such diseases; and

"(B) representatives of entities in such area that provide family planning services.

"(n) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary, the application contains the plan required in subsection (m), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"(o) DURATION OF GRANT.—The period during which payments are made to an entity from a grant under subsection (a) may not exceed 3 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments in such year. The preceding sentence may not be construed to establish a limitation on the number of grants under such subsection that may be made to an entity.

"(p) TECHNICAL ASSISTANCE, AND SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

"(1) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance to grantees under subsection (a) with respect to the planning, development, and operation of any program or service carried out under such sub-



section. The Secretary may provide such technical assistance directly or through grants or contracts.

“(2) SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

“(A) Upon the request of a grantee under subsection (a), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out such subsection and, for such purpose, may detail to the grantee any officer or employee of the Department of Health and Human Services.

“(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of the grant to the grantee involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

“(q) EVALUATIONS AND REPORTS BY SECRETARY.—

“(1) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to subsection (a) in order to determine the quality and effectiveness of the programs.

“(2) REPORT TO CONGRESS.—Not later than 1 year after the date on which amounts are first appropriated pursuant to subsection (t), and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report—

“(A) summarizing the information provided to the Secretary in reports made pursuant to subsection (k), including information on the incidence of sexually transmitted diseases described in subsection (a); and

“(B) summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year.

“(r) COORDINATION OF FEDERAL PROGRAMS.—The Secretary shall coordinate the activities carried out under the program established in this section with any similar activities regarding sexually transmitted diseases that are carried out under other programs administered by the Secretary, including the coordination of such activities of the Director of the Centers for Disease Control and Prevention with such activities of the Director of the National Institutes of Health.

“(s) DEFINITIONS.—For purposes of this section, the term ‘authorized service’ means any service or activity described in subsection (c).

“(t) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, other than subsections (q) and (u), there are authorized to be appropriated \$50,000,000 for each of the fiscal years 1992 through 1996.

“(u) SEPARATE GRANTS FOR RESEARCH ON DELIVERY OF SERVICES.—

“(1) IN GENERAL.—The Secretary may make grants for the purpose of conducting research on the manner in which the delivery of services under subsection (a) may be improved. The Secretary may make such grants only to grantees under such subsection and to public and nonprofit private entities that are carrying out projects substantially similar to projects carried out under such subsection.

“(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1992 through 1996.”

## TITLE IV—COMPREHENSIVE MATERNAL AND EARLY CHILDHOOD HEALTH CARE

### SEC. 401. SHORT TITLE.

This title may be cited as the “Comprehensive Maternal and Early Childhood Health Care Act”.

### SEC. 402. MIGRANT AND COMMUNITY HEALTH CENTER INITIATIVES.

(a) MIGRANT HEALTH CENTERS.—Paragraph (2) of subsection (h) of section 329 (42 U.S.C. 254b(g)) is amended to read as follows:

“(2)(A) For purposes of subparagraph (B), from the amounts appropriated in each fiscal year under paragraph (1)(A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such paragraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year for the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically unde-

served areas where such programs do not exist, and expand the capacity of services provided for pregnant women and children up to the age of three, in medically underserved areas where Migrant Health Centers are currently operating Comprehensive Perinatal Care Programs. The Secretary shall utilize such amounts to supplement and not supplant amounts expended on the date of enactment of this paragraph for Comprehensive Perinatal Care Programs under this section.

"(B) The Secretary shall make grants to Migrant Health Centers to assist such Centers in the development and operation of Comprehensive Perinatal and Early Childhood Health Programs. Such Programs shall be designed to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support health child development. Such services shall include—

"(i) public information, outreach and case finding services provided through the use of media, community canvassing (using volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;

"(ii) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

"(I) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

"(II) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, development delay, nutritional status, and lead poisoning), timely provision of immunizations, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

"(iii) substance abuse screening, outpatient substance abuse counseling services, and referral to and as necessary for the purchase of community-based residential substance abuse treatment services for women with substance abuse problems;

"(iv) parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both center based counseling and through distribution of the Maternal Child Health Handbooks as available;

"(v) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance either provided directly or through referral with appropriate follow-up; and

"(vi) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children, and families.

"(C) To the maximum extent practicable, comprehensive health and support services under this paragraph should be delivered on site at the health center (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security Act (42 U.S.C. 1396a), by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), by drug treatment service providers and through others) to ensure access and coordination."

(b) COMMUNITY HEALTH CENTERS.—Subsection (g) of section 330 (42 U.S.C. 254c(g)) is amended:

(1) in paragraph (1) by adding at the end thereof the following new subparagraph.

"(C) Of the amounts appropriated under subparagraph (A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such subparagraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year to make grants under subsections (c) and (d) for the planning and development of health centers to serve medically underserved populations. New community health centers shall be equitably distributed between underserved urban and rural areas with satellite models used where appropriate."; and



(2) in paragraph (2) to read as follows:

“(2)(A) For purposes of subparagraph (B), from the amounts appropriated in each fiscal year under paragraph (1)(A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such paragraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year for—

“(i) the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist; and

“(ii) expanding the capacity of services provided for pregnant women and children up to the age of three, in medically underserved areas where community health centers are currently operating Comprehensive Perinatal Care Programs in areas with high infant mortality.

The Secretary shall utilize such amounts to supplement and not supplant amounts expended on the date of enactment of this paragraph for Comprehensive Perinatal care Programs under this section.

“(B) The Secretary shall make grants to Community Health Centers to assist such Centers in the development and operation of Comprehensive Perinatal and Early Childhood Health Programs. Such programs shall be designed to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support healthy child development. Such services shall include—

“(i) public information, outreach and case finding services provided through the use of media, community canvassing (using volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;

“(ii) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

“(I) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

“(II) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, developmental delay, nutritional status, and lead poisoning), timely provision of immunization, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

“(iii) substance abuse screening, outpatient substance abuse counseling services, and referral to and as necessary the purchase of community-based residential substance abuse treatment services for women with substance abuse problems;

“(iv) parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both center-based counseling and through distribution of the Maternal Child Health Handbooks as available;

“(v) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up, and

“(vi) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children, and families.

“(C) To the maximum extent practicable, comprehensive health and support services under this paragraph should be delivered on site at the health center, (including services delivered by outpost Medicaid workers in accordance with section 1902 of the Social Security Act (42 U.S.C. 1396a), by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), by drug treatment service providers and by others) to ensure access and coordination.”

(c) PROGRAMS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.—Subsection (q) of section 340 (42 U.S.C. 256(q)) is amended by adding at the end thereof the following new paragraph:

“(3)(A) For purposes of subparagraph (B), from the amounts appropriated in each fiscal year paragraph (1)(A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such paragraph in the year preceding the year for which such amount are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year for—

“(i) the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist; and

“(ii) expanding the capacity of services provided for pregnant women and children up to the age of three, in medically underserved areas where grantees under this section are currently operating Comprehensive Perinatal Care Programs.

The Secretary shall utilize such amounts to supplement and not supplant amounts expended on the date of enactment of this paragraph for Comprehensive Perinatal Care Programs under this section.

“(B) The Secretary shall make grants to grantees under this section to assist such grantees in the development and operation of Comprehensive Perinatal and Early Childhood Health Programs. Such Programs shall be designed to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support healthy child development. Such services should include—

“(i) public information, outreach and case finding services provided through the use of media, community canvassing (using volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;

“(ii) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

“(I) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

“(II) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, developmental delay, nutritional status, and lead poisoning), timely provision of immunizations, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

“(iii) substance abuse screening, outpatient substance abuse counseling services, and referral to and as necessary the purchase of community-based residential substance abuse treatment services for women with substance abuse problems;

“(iv) parental skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both center-based counseling and through distribution of the Maternal Child Health Handbooks as available;

“(v) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up; and

“(vi) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children, and families.

“(C) To the maximum extent practicable, comprehensive health and support services under this paragraph should be delivered on site at a health center, (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security Act (42 U.S.C. 1396a), by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), by drug treatment service providers and by others) to ensure access and coordination.”.



SEC. 403. EXPANSION OF IMMUNIZATION PROGRAMS FOR YOUNG CHILDREN.

(a) VACCINE BULK PURCHASE PROGRAM.—Part B of title III (as amended by section 134) is further amended by adding after section 317D the following new section:

“SEC. 317E. VACCINE BULK PURCHASE PROGRAM

“(a) IN GENERAL.—The Secretary acting through the Director of the Centers for Disease Control and in accordance with the preventative health grant provisions of subsections (a) and (j)(1)(B) of section 317, shall provide to the health department of each State or large city that is operating an immunization project, vaccines for immunization purposes.

“(b) DISTRIBUTION.—Vaccines provided to grantees with existing immunization project under subsection (a) shall be made available for distribution and immunization services through the public health departments of such States or cities, recipients of grants under section 329, 330, and 340 in the State or city, Federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act operating in the State or city, and public health professionals.

“(c) QUANTITY.—In determining the quantity of vaccine that is needed by a grantee under subsection (a), the Administrator of the Health Resources and Services Administration shall make available to the Director of the Centers for Disease Control data from annual reports submitted by recipients of grants under section 329, 330, and 340 and from entities certified as Federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act. The Director of such Centers shall direct the health department of the State, county or city to equitably allocate vaccines made available under the bulk purchase program among those recipients described in subsection (b) who are providing immunization services to children, except that the amounts received by each provider on the date of enactment of this section shall not be diminished relative to population served, and that grantees shall receive not less than the amount such grantees received under their bulk vaccine allotment as of January 1, 1991.

“(d) MAINTENANCE OF SUPPLY.—The provisions of this section shall be effective only to the extent to which the Secretary, acting through the Director of the Centers for Disease Control, provides assurances that the implementation of this section will not result in a reduction in the supply of vaccines available to grantees receiving vaccine allotments under the bulk purchasing programs as of January 1, 1991.”.

(b) IMMUNIZATION DEMONSTRATION PROJECTS FOR OUTREACH PROGRAMS.—Subsection (b) of section 2 of the Vaccine and Immunization Amendments of 1990 (Public Law 101-502) is amended to read as follows:

“(b) DEMONSTRATION PROJECTS FOR OUTREACH PROGRAMS.—

“(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control, may make grants to States for the purpose of carrying out demonstration projects—

“(A) provide, without administrative charge, immunizations for vaccine preventable diseases to children not more than 2 years of age who reside in communities whose population includes a significant number of low income individuals, increasing the capacity of public health departments to deliver vaccines and facilitating outreach activities to improve the percentage of fully immunized children;

“(B) to expand the capacity of public health departments, recipients of grants under sections 329, 330, and 340 of the Public Health Service Act, and other health provider entities that are co-located with centers providing services under section 17 of the Child Nutrition Act of 1966 in order to provide immunizations to participants in the program established under such section 17 during regular hours, and to enable State health departments working through State directors of the program established under such section 17 to make available to such centers vaccines and adequate funds to administer immunizations; and

“(C) to maintain private provider participation in the provision of immunization services and to encourage private physicians to provide such services to infants and children enrolled for benefits under title XIX of the Social Security Act.

“(2) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of carrying out paragraph (1), there are authorized to be appropriated \$25,000,000 in fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1995.”.

SEC. 404. PROJECT GRANTS FOR MATERIAL AND CHILD PREVENTIVE HEALTH AND HEALTH CARE SERVICES.

Section 314 (42 U.S.C. 246) is amended by adding at the end thereof the following new subsection:

"(g)(1) The Secretary is authorized to award grants to eligible entities for the development and operation of Comprehensive Perinatal and Early Childhood Health Programs, to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support healthy child development.

"(2)(A) To be eligible to receive a grant under this subsection, an entity shall be a public health department or public or private nonprofit health entity that—

"(i) does not receive assistance under section 329 or 330;

"(ii) is located in a medically underserved or health professional shortage area not served by an entity receiving funds under section 329 or 330; and

"(iii) has demonstrated a commitment to serving low income and uninsured individuals and families.

"(B) Notwithstanding subparagraph (A), entities located in areas served by grantees under section 329 or 330 may apply for and receive a grant under this subsection, if such 329 or 330 grantees do not intend to apply for expanded funding for prenatal and early childhood health care services, and if such entities can demonstrate that—

"(i) the women and children to be served, or the services to be provided, using funds provided under the grant are in addition to those populations served and services offered by such existing section 329 or 330 grantees; and

"(ii) the entity will not use funds provided under this subsection to supplant State expenditures.

"(3) Services to be provided with funds under a grant awarded under this subsection shall be delivered in a culturally sensitive manner and made accessible to the population to be served. Such services shall include—

"(A) public information, outreach, or case finding services provided through the use of media, community canvassing (including the use of volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;

"(B) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

"(i) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

"(ii) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, developmental delay, nutritional status, and lead poisoning), timely immunizations, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

"(C) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children and families;

"(D) substance abuse screening, outpatient substance abuse counseling services, or referral to substance abuse treatment services for women with substance abuse problems;

"(E) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up; and

"(F) parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both counseling provided directly by the grantee, and through distribution of the Maternal Child Health Handbooks as available. Services described in subparagraphs (D), (E) and (F) shall be provided by grantees under this subsection to the maximum extent practicable.



"(4) To the maximum extent practicable, services provided under this subsection shall be delivered in a single location by the grantee, except that such may include multiple sites if mobile health care provider units are utilized (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security Act, by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966, by drug treatment service providers, and by others) to ensure access and coordination.

"(5) The Secretary may not award a grant under this subsection unless—

"(A) the applicant for the grant has entered into, or will enter into, a participation agreement within 180 days of the date of the grant award with the State agency administering funds under title XIX of the Social Security Act and is qualified to receive such payments for services provided;

"(B) the applicant for the grant has prepared a schedule of fees or payments for the provision of services under paragraph (3) consistent with locally prevailing rates or charges, and has prepared a corresponding schedule of discounts to be applied to the payment of such fees or payments, such discounts to be adjusted on the basis of the patient's ability to pay;

"(C) the applicant for the grant provides assurances that every reasonable effort will be made to secure from patients and third party reimbursement entities, including any State compensation program, health insurance entity, any entity providing health services on a prepaid basis, or any Federal or State health benefits program, full payment for the services provided under paragraph (3).

Amounts awarded under this subsection shall be used as the payment source of last resort for services provided.

"(6) In addition to providing the services required under paragraph (3), a grantee may use amounts provided under the grant for minor remodeling and rehabilitation of the facilities needed to support the delivery of such services. No funds may be used for the construction of new buildings or the acquisition of properties.

"(7) A grantee shall not use in excess of 5 percent of the amounts received under a grant awarded under this subsection for administration, accounting, reporting and program oversight functions.

"(8) To be eligible to receive a grant under this subsection, an entity, in addition to meeting the requirements of paragraph (2), shall prepare and submit to the Secretary an application at such time, in such a form, and containing such information as the Secretary shall require, including assurances adequate to ensure—

"(A) that funds received under a grant awarded under this subsection will be utilized to supplement, not supplant, State funds made available to the entity for the provision of maternal and child health and social services, with identification of funding received from other sources for such purposes;

"(B) that prenatal and early childhood health care will be provided under a case management model, that continuity of care will be provided for all individuals, and that services to be provided are accessible to the target population to be served;

"(C) that the entity will serve low income women and children in the service delivery area, and have a plan for outreach to those at risk of inadequate health care services;

"(D) that the entity has outlined a needs assessment of the health care delivery system in the service delivery area, to include health status indicators for women of childbearing age and young children, and identification of other health care provider groups in the area;

"(E) that the entity has reviewed the application for a grant under this section with the State agency administering amounts received under title V of the Social Security Act and the local health department, and that such application is consistent with the State plan for the delivery of maternal and child health services; and

"(F) that the entity will submit a report to the Secretary and to the State and relevant local health departments that will include demographic data on the number of individuals served and those services provided with funds provided under this subsection, and a description of the manner in which services provided by the entity are integrated with those services provided by other health care agencies or provider groups in the service delivery area.

"(9) In awarding grants under this subsection, the Secretary should give priority to—

"(A) those applications submitted by entities that are an association of one or more public, and one or more nonprofit private health care and social service providers, except that in areas where such an association would not be possible

as a result of the absence of more than one provider entity, no such priority shall be given; and

“(B) those applications providing evidence of local investment (such as State, health care provider, local charity, and volunteer organization contributions) in maternal and child health initiatives, through a 10 percent local contribution to match Federal funds, in cash or in kind, fairly evaluated, not including any portion of any service subsidized by the Federal Government or other copayments under paragraph (5).

Grants under this subsection shall be awarded on an equitable basis among eligible rural and urban applicants.

“(10) Not later than 30 months after the date of enactment of this subsection, the Secretary shall prepare and submit, to the Senate Committee on Labor and Human Resources, the Senate Finance Committee, and the House Committee on Energy and Commerce, an evaluation of the program established under this subsection, that shall include—

“(A) an analysis of the manner in which funds provided under this subsection have been used by grantees, with a review of the services provided;

“(B) the infant mortality rates and immunization rates in the communities served by grantees prior to the receipt of such a grant and at the time such evaluation is prepared, and an assessment of the impact of enhanced services on such rates;

“(C) an analysis of the manner in which entities receiving grants under this subsection have integrated the services provided under such grants with other available health and social service providers in the service delivery area; and

“(D) recommendations concerning any modifications necessary to improve program effectiveness in reaching the stated goals of the program in a cost-effective manner.

“(11) There are authorized to be appropriated for each of the fiscal years 1992 through 1994, such sums as may be necessary to carry out this subsection.”.

#### SEC. 405. BIRTH DEFECTS PROPOSAL.

Part B of title III (42 U.S.C. 243 et seq.) (as amended by section 403) is further amended by inserting after section 317E, the following new section:

#### “SEC. 317F. COORDINATION OF BIRTH DEFECTS SURVEILLANCE AND EPIDEMIOLOGY RESEARCH PROGRAMS.

“(a) FINDINGS.—Congress finds that—

“(1) birth defects are the leading cause of infant mortality, directly responsible for one out of every five infant deaths;

“(2) thousands of the 250,000 infants born with a birth defect annually face a lifetime of chronic disability and illness; and

“(3) there is no national effort to record birth defect data and perform epidemiologic surveillance even though such data would aid research efforts to understand and reduce the incidence of preventable birth defects.

“(b) PLAN FOR IMPLEMENTING A NATIONAL BIRTH DEFECTS MONITORING SYSTEM AND SURVEILLANCE PROGRAM.—

“(1) DEVELOPMENT.—The Secretary, acting through the Centers for Disease Control, shall develop a plan to establish regional birth defects monitoring programs to serve all States for the purpose of collecting and analyzing data on the incidence of birth defects with relevant epidemiologic data. Such plan shall specify how collaborative efforts between the Centers for Disease Control and responsible State agencies will be carried out, and may include the provision of grants or cooperative agreements, and technical assistance.

“(2) CLEARINGHOUSE.—The Centers for Disease Control shall develop a program plan to serve as the national clearinghouse of the collection and storage of data and information generated from birth defects monitoring programs developed under paragraph (1). Functions of the clearinghouse will include facilitating the coordination of birth defects research.

“(3) REPORT.—The Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing the plan required under paragraph (1), together with recommendations to facilitate the immediate implementation of such plan, on or before July 1, 1993.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 and 1994.”.



## TITLE V—MISCELLANEOUS

## SEC. 501. ESTABLISHMENT OF AN ADVISORY COUNCIL ON HEALTH PROMOTION AND DISEASE PREVENTION.

Title XVII (42 U.S.C. 300u et seq.) (as amended by sections 137 and 207) is further amended by adding at the end thereof the following new section:

## "SEC. 1710. SECRETARY'S ADVISORY COUNCIL.

"(a) IN GENERAL.—The Secretary shall establish an advisory council on health promotion and disease prevention to be known as the Secretary's Advisory Council on Health Promotion (hereafter referred to in this section as the 'Council').

"(b) COMPOSITION.—The Council shall be composed of—

"(1) the Secretary;

"(2) recognized leaders in health promotion, academia, industry, non-profit private organizations and representatives of health care consumer groups, to be appointed by the Secretary;

"(3) ex officio members who shall include representatives of—

"(A) the Department of Health and Human Services as designated by the Secretary;

"(B) the Departments of Education;

"(C) the Department of Agriculture;

"(D) the Office of Science and Technology Policy;

"(E) the Surgeon Generals of all of the uniformed services;

"(F) the chief medical officer of the Department of Veterans Affairs; and

"(4) the members of the National Health Objectives Advisory Committee established under section 1910K.

"(c) DUTIES.—The Council shall provide advice and recommendations to the Secretary concerning the goals and priorities of the Department relating to health promotion, disease prevention, preventive health services and the objectives established by the Secretary for the health status of the population of the United States under to section 1906(d). The Council may also direct that recommendations for changes in priorities or programs be prepared and submitted to the Congress and the President.

"(d) FUNDING.—The Secretary is authorized to transfer not to exceed one percent of any appropriation authorized under this Act to provide the funds necessary for the operation of the Council. The total amount transferred under this subsection shall not exceed \$400,000 for each fiscal year."

## SEC. 502. RESPONSIBILITIES OF MEMBERS OF THE COMMISSIONED CORPS FOR HEALTH PROMOTION AND DISEASE PREVENTION.

Section 204 (42 U.S.C. 205) is amended—

(1) by inserting "(a)" after the section designation; and

(2) by adding at the end thereof the following new subsection:

"(b) The Surgeon General shall notify all active members of the Commissioned Corps concerning any guidelines and recommendations for clinical practice that are developed or issued by the Public Health Service. The Surgeon General shall also ensure that members of the Commissioned Corps who are engaged in clinical practice are properly utilizing such guidelines and recommendations."

## SEC. 503. RESPONSIBILITIES OF THE SURGEON GENERAL FOR DISSEMINATING INFORMATION AND RECOMMENDATIONS.

Title XVII (42 U.S.C. 300u) (as amended by sections 137, 207 and 501) is further amended by adding at the end thereof the following new section:

## "SEC. 1711. DISSEMINATION OF PREVENTION RECOMMENDATIONS.

"The Secretary, in consultation with the Assistant Secretary for Health, the Director of the Office of Disease Prevention and Health Promotion, the Surgeon General of the Public Health Service, and the Director of the Agency for Health Care Policy and Research, shall inform the Surgeon Generals of all the uniformed services, the Secretary of Veterans Affairs, and the Administrator of the Office of Personnel Management concerning any guidelines or recommendations for clinical practice that are developed by the Public Health Service. The Secretary shall annually prepare and submit to the appropriate committees of Congress, a report describing all such recommendations transmitted under this section."

## SEC. 504. CHANGE IN NAME OF CENTERS FOR DISEASE CONTROL.

(a) COMPREHENSIVE SMOKING EDUCATION ACT.—Section 3(b)(1)(A) of the Comprehensive Smoking Education Act (15 U.S.C. 1341(b)(1)(A)) is amended by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention".

(b) EDUCATION AMENDMENTS OF 1978.—Section 1121(b)(2) of the Education Amendments of 1978 is amended by striking out “Federal Center for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.

(c) VETERANS’ BENEFITS AND SERVICES ACT OF 1988.—Section 123(b)(1) of the Veterans’ Benefits and Services Act of 1988 (38 U.S.C. 210 note) is amended by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.

(d) PUBLIC HEALTH SERVICE ACT.—The Public Health Service Act is amended—

(1) in section 227 (42 U.S.C. 236) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(2) in section 317A(a) (42 U.S.C. 247b-1(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(3) in section 319(a) (42 U.S.C. 247d(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(4) in section 391 (42 U.S.C. 280b) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(5) in section 392 (42 U.S.C. 280b-1) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(6) in section 393 (42 U.S.C. 280b-2) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(7) in section 430(b)(2)(A)(i) (42 U.S.C. 285c-4(b)(2)(A)(i)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(8) in section 442(b)(2)(A) (42 U.S.C. 285d-7(b)(2)(A)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(9) in section 464D(b)(2)(A) (42 U.S.C. 285m-4(b)(2)(A)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(10) in section 494(a) (42 U.S.C. 289c(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(11) in section 508(b)(6) (42 U.S.C. 290aa-6(b)(6)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(12) in section 509B(a) (42 U.S.C. 290aa-9(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(13) in section 1706(c)(2)(B) (42 U.S.C. 300u-5(c)(2)(B)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(14) in section 2102 (42 U.S.C. 300aa-2) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(15) in section 2119(a)(2) (42 U.S.C. 300aa-19(a)(2)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(16) in section 2126(b)(2) (42 U.S.C. 300aa-26(b)(2)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(17) in section 2301(b)(4) (42 U.S.C. 300cc(b)(4)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(18) in section 2303 (42 U.S.C. 300cc-2) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(19) in section 2315(b) (42 U.S.C. 300cc-15(b)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;



(20) in section 2317 (42 U.S.C. 300cc-17) by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention";

(21) in section 2320 (42 U.S.C. 300cc-20) by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention";

(22) in section 2341(a) (42 U.S.C. 300cc-31(a)) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(23) in section 2521 (42 U.S.C. 300ee-31) by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention";

(24) in section 2522(a) (42 U.S.C. 300ee-32(a)) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(25) in section 2524(b)(2) (42 U.S.C. 300ee-34(b)(2)) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(26) in section 2601 by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention";

(27) in section 2602(a)(1) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(28) in section 2603(a)(3)(B)(i) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(29) in section 2607(2) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(30) in section 2617(d)(3)(A) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(31) in section 2618(c)(1) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(32) in section 2641(a) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(33) in section 2643(c)(1)(A) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention";

(34) in section 2649 by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention"; and

(35) in section 2675(a) by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention".

(e) **HEALTH OMNIBUS PROGRAMS EXTENSION OF 1988.**—The Health Omnibus Programs Extension of 1988 is amended—

(1) in section 161 (42 U.S.C. 241 note) by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention";

(2) in section 252 (42 U.S.C. 300ee-1) by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention"; and

(3) in section 253 (42 U.S.C. 300ee-2) by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention".

(f) **HEALTH RESEARCH EXTENSION ACT OF 1985.**—Section 5(b)(1)(G) of the Health Research Extension Act of 1985 (42 U.S.C. 281 note) is amended by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention".

(g) **PAINT POISONING PREVENTION.**—Section 501(3)(B)(i) of Public Law 91-695 (42 U.S.C. 4841(3)(B)(i)) is amended by striking out "Centers for Disease Control" and inserting in lieu thereof "Centers for Disease Control and Prevention".

(h) **COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT OF 1980.**—Section 104 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. 9604) is amended by striking out "Centers for Disease Control" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention".

SEC. 505. STUDY CONCERNING THE REDUCTION OF THE RISK OF BLOODBORNE DISEASE TRANSMISSION.

(a) **STUDY.**—The Secretary of Health and Human Services shall request the National Academy of Sciences, acting through the Institute of Medicine, to conduct a study concerning surgical technique, including oral surgery, and medical device innovation to further reduce the risk of bloodborne disease transmission in the health care setting. The study shall review techniques and medical devices used in performing various surgical and dental procedures that present a risk of percutaneous injury and examine mechanisms, such as improvements in technique and product design modification, to enhance injury prevention during such procedures to further reduce the risk of bloodborne disease transmission.

(b) **REPORT.**—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report concerning the results of the study conducted under subsection (a).

## I. SUMMARY OF THE BILL

S. 1944 authorizes appropriations for programs and activities under Titles III, XVII and XIX of the Public Health Service Act for fiscal years 1992 through 1996.

Taken as a whole, this legislation reaffirms and expands the role of health promotion and disease prevention in assuring a healthy America. Major initiatives in the bill focus on:

- Screening and early detection of prostate cancer;
- Women's health promotion and disease prevention;
- Adolescent health;
- Year 2000 national health objectives;
- Expansion of lead poisoning screening and prevention;
- Injury control;
- Preventable cases of infertility; and
- Reducing the health disparities.

## GOALS OF THE BILL

1. To provide resources to States to assist in achieving the Year 2000 National Health Objectives.

2. To develop initiatives for preventing disease, illness and/or disability and for promoting healthy lifestyles through risk reduction and preventive measures.

3. To improve health status, reduce health disparities and to achieve access to preventive services by the year 2000.

Programs and activities reauthorized by this bill include the Preventive Health and Health Services Block Grant, Year 2000 Health Objectives State Planning Function, Health Promotion and Disease Prevention Research Centers, Projects and Programs for the Prevention and Control of Sexually Transmitted Disease, the Lead Poisoning Screening and Prevention Program, the Injury Control Program, the Office of Disease Prevention and Health Promotion, Migrant and Community Health Centers, Vaccine Bulk Purchase Program, Maternal and Child Preventive Health and Health Care Services.

New Programs and projects authorized by the bill include National Health Objectives Project Grants to States, Public Health Personnel Training Project, National Demonstration Projects for Women's Health Promotion and Disease Prevention, an Office of Adolescent Health, State Offices of Minority Health, Screening and



Early Detection of Prostate Cancer, Special Regional and National Demonstration Projects for Minority Health Promotion and Disease Prevention, Prevention of Infertility from Sexually Transmitted Diseases, Coordination of Birth Defects Surveillance and Epidemiology Research Program and a study on methods to reduce the risk of bloodborne disease transmission in the health care setting.

### *Preventive Health and Health Services Block Grant*

As reported by the Committee, S. 1944 amends title XIX, part A, of the Public Health Service Act to extend and amend the authority for the Preventive Health and Health Services Block Grant. This bill extends the block grant for 5 years and authorizes \$275,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

The expanded funding is designed to carry out the National Objectives Project Grants Program and to appropriately respond to the critical needs for programs and services to prevent sex offenses and assist sexual assault victims.

The bill provides a provision for carrying out the National Health Objectives Project Grants to States in Subtitle B if appropriation level exceeds \$150,000,000. The \$3.5 million set aside to prevent sexual offenses out of the appropriated funds for the Preventive Health and Health Services Block Grant has been increased to \$7 million.

The bill amends the provision regarding reporting and data collection. The amendment requires each State to report annually on how funds were expended and requires the Secretary to develop uniform data items and data formats for annual reports. The bill requires that such uniform data items and formats will constitute the minimum requirements that States must meet in submitting annual reports. The Secretary, in consultation with the States and the National Health Objectives Advisory Committee, will periodically update a set of priority national health status indicators, to be used to evaluate and monitor the overall health of the United States.

The Secretary will prepare and submit to Congress every three years a report on all activities of the States in utilizing block grant funds. The States must assure the Secretary that continuing education credits in the utilization of universal precautions and infection control procedures for the prevention of bloodborne disease transmission shall be required as part of those credits required for health professional relicensure.

The bill requires each State to demonstrate that block grant funds are being utilized for health promotion and disease prevention activities related to women's health problems such as osteoporosis, physical abuse, diabetes, and tobacco use.

### *Training of State and local Public Health Personnel*

As reported by the Committee, S. 1944 also amends Part A of title XIX to provide planning opportunities for state and local public health personnel so they will have the necessary skills to achieve the national health objectives.

### *State Planning Functions*

The bill reauthorizes the Year 2000 Health Objectives Planning Act (Public Law 101-582) for five years and adds the establishment and operation of State Health Objectives Advisory Committees to the list to be supported by funds appropriated to carry out this Act.

### *Health Promotion and Disease Prevention Research Centers*

The bill extends the authority for the Health Promotion and Disease Prevention Research Centers for five years at authorization levels of \$10 million for fiscal year 1992, and such as may be necessary for each of the fiscal years 1993 through 1996.

### *National Health Objectives Project Grants to States*

The National Health Objectives Project Grants to States implements the Year 2000 National Health Objectives. The purpose of this section is to assist the States in achieving the Year 2000 National Health Objectives, to develop a Federal, State and local health agencies partnership, and to assess the health status of the population of the United States.

Each State must establish a State Health Objectives Advisory Committee with members from the general public and directors of local health departments. The Committee will be chaired by the State Health Officer. States are required to submit a State Health Objectives Plan. Each plan must contain: a specific set of no fewer than 5 State Health Objectives chosen from the National Health Priorities; annual budget; and assurances of a minimum set of data available to satisfactorily measure changes in health status for each objective selected. Each plan must also specify the particular strategies, projects and programs selected to accomplish the plan and provide for procedures through which the State shall monitor progress toward accomplishing State objectives.

Each State is required to submit to the Secretary a State Health Objectives Report at the end of the fiscal year. This report is to detail where and how funds were expended and describe programs and projects initiated in the State during the year. Within four years, each State is responsible for reporting uniform data sets for each National Health Priority addressed in the State Plan.

The Secretary is directed to establish a National Health Objectives Advisory Committee to advise him with respect to the selection, revision, implementation and evaluation of the National Health Priorities, and the development and adoption of the uniform data set. The Committee is made up of 12 members with Assistant Secretary of Health serving as the Chairperson. The other members will include representatives from the general public, a member appointed by the Administrator of the Environmental Protection Agency, and representatives from national associations representing state, local and county health officials and public health agencies and associations.

The Secretary shall establish National Health Priorities that will form the basis for all activities that receive funding under this section. From these priorities, the Secretary shall establish a set of Core Priorities of which three must be included in each State's plan.



### *National Demonstration Projects for Women's Health*

The bill establishes national demonstration projects for women's health promotion and disease prevention activities. Grants would be provided for demonstration projects for the prevention of diseases that adversely affect women, for the promotion of women's health activities and the development and dissemination of information for health promotion and disease prevention related to issues of women's health. S. 1944 authorizes \$10,000,000 for each of the fiscal years 1992, 1993, 1994, 1995 and 1996.

### *Increase Injury Prevention Activities*

The bill expands and enhances the injury prevention control activities at the Centers for Disease Control (CDC). The bill provides grants to establish five demonstration projects in 1993 and five projects in 1994 to develop strategies for the prevention of injuries to children, adolescents and minorities.

It also includes a provision for the CDC in collaboration with the Nation's schools to develop an educational campaign to prevent childhood injuries. The Director of the CDC will report to the Secretary concerning recommendations for injury preventing technologies and practices which have been developed and are readily available. The Secretary will use these recommendations when considering purchasing or leasing equipment for use by employees of Department of Health and Human Services. The Secretary shall notify the Director of GSA and to the C&S of these same recommendations. The bill authorizes \$40,000,000 for the fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

### *Establishment of an Office of Adolescent Health*

The bill establishes an Office of Adolescent Health. The purpose of the Office is to coordinate the diverse activities of Federal agencies as they relate to adolescents. The Office would monitor the health status of adolescents, support training of health providers who work with adolescents, establish a national adolescent advisory commission and support research projects relating to conditions and diseases unique to, more prevalent in, or neglected in adolescents.

The National Advisory Commission and the Office of Adolescent Health would develop a national strategic plan to address adolescent health issues. The National Adolescent Advisory Commission will submit to Congress two interim reports and a final report.

In addition the Office of Adolescent Health would provide grants to community-based multi-disciplinary coalitions to develop innovative and promising intervention strategies for preventing adolescent involvement in violence or training health personnel to care for the needs of adolescents. S. 1944 authorizes \$10,000,000 for each of the fiscal years 1992 through 1996.

### *Improvement in Lead Poisoning Screening and Prevention*

S. 1994 extends and expands the authority for the lead poisoning prevention project grants for five years. It also establishes and expands the community programs designed to provide (1) screening

for elevated blood-lead levels, (2) referral for treatment, (3) referral for environmental intervention and education about the consequences of childhood lead poisoning.

The bill directs the CDC to provide information to parents regarding the source (lead-based paint, drinking water and soil), potential dangers of lead exposure during home renovations, importance of screening and preventive steps to take in order to reduce the risk of lead poisoning. The bill establishes a national lead poisoning prevention education program designed to educate health care professionals, paraprofessionals and the public about the adverse effects of lead poisoning. S. 1944 establishes a national lead poisoning technology assessment and epidemiology program at the CDC. Grants for the development of improved methods of testing for lead poisoning that are more sensitive and specific, less invasive and more cost-effective.

The bill establishes a task force on the prevention of lead poisoning. The Task force will include the Secretary of Health and Human Services, who will serve as the Chairperson, Secretary of Housing and Urban Development, and the Administrator of the Environmental Protection Agency. Senior staff would be selected by the Secretary to carry out the duties of the Task Force. The duties of the Task Force will be to annually review, evaluate and coordinate programs related to lead poisoning, establish a mechanism for disseminating information, identify the practical and technological constraints to expanding lead poisoning prevention, and make program policy and budgetary recommendations to Congress. The bill authorizes \$40,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

#### *Prevention and Control of Sexually Transmitted Diseases*

S. 1944 extends for five years the authority for projects and programs for the prevention and control of sexually transmitted diseases. The authority is also amended to require an annual report on activities. The bill authorizes \$120,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

#### *Screening and Early Detection of Prostate Cancer*

S. 1944 as reported by the Committee authorizes the establishment of a Screening and Early Detection of Prostate Cancer Program. The Centers for Disease Control, in collaboration with the National Institute of Health, will work towards the improvement of screening methods and programs, and early detection methods and programs. The program will evaluate and improve reporting of surveillance data. The bill authorizes \$10,000,000 for each year of the fiscal years 1992 through 1996.

#### *Special Regional and National Demonstration Projects for Minority Health Promotion and Disease Prevention*

S. 1944 establishes regional and national health promotion and disease prevention demonstration projects that will reduce the leading causes of death, disease and disability in minority populations. The bill authorizes \$10,000,000 for each year of the fiscal years 1992 through 1996.



### *Health Information and Health Promotion*

S. 1944 extends the authorities for the Office of Disease Prevention and Health Promotion. The Director of the Office will ensure interagency and interdepartmental coordination of all activities related to health promotion and disease prevention, establish a national information clearinghouse, and coordinate in collaboration with agencies within the Department of Health and Human Services and other Federal Departments, a national effort to promote health and prevent diseases and report on progress made towards achieving the "Healthy People 2000" objectives.

The National Information Clearinghouse will facilitate the exchange of information relating to health promotion and disease prevention, facilitate the access of health care providers to such information and assist in the analysis of issues and problems related to health promotion and disease prevention. The bill ensures that appropriate priority be given to populations and groups with documented historically poor health. The bill authorizes \$10,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

### *Interdepartmental Coordinating Council*

S. 1944 amends section 1701 to establish an Interdepartmental Coordinating Council to coordinate the school health education activities among the Department of Health and Human Services, the Department of Education and other appropriate Federal agencies. The Council will work to link national health objectives established by the Secretary with national health objectives established by the Secretary of Education and promote the establishment of multidimensional school health programs. The members of the Council shall be representative of appropriate components of the Department of Health and Human Services and the Department of Education.

### *Dissemination of Health Information*

The bill directs the Secretary to determine the most effective methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintain and improve health and prevent disease, reduce its risk, or modify its course or severity rather than determine the best methods.

### *Report on National Health Status Improvement*

S. 1944 requires an annual report to the Congress and the President on the status of the Nation's health. The report will contain a description of the activities carried out, effectiveness of the activities, and recommendations on appropriate legislation regarding health promotion, disease prevention, health information, preventive health services and education in the appropriate use of health care services.

### *Health Education Curriculum*

The Director of the Office of Minority Health will develop model curricula and programs for health information and education for use in community and workplace settings.

### *States Offices of Minority Health*

S. 1944 authorizes the establishment of State Offices of Minority Health. The Secretary, acting through the Director of the Office of Minority Health, will make grants to States for the purpose of improving the health status in minority communities, through the operation of State Offices of Minority Health. The State Offices of Minority Health would monitor and facilitate the achievement of the Health Objectives for the Year 2000 as they affect minority populations. The bill authorizes \$3,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996. No grant may be made under this section after the aggregate amounts appropriated are equal to \$10,000,000.

### *Establishment of Program of Grants Regarding Preventable Cases of Infertility Arising as a Result of Sexually Transmitted Diseases*

S. 1994 establishes a program that provides grants to prevent cases of infertility arising as a result of sexually transmitted diseases. The program provides counseling on sexual transmitted diseases, treatment, medically necessary referral, follow-up, and outreach services. The bill also provides public information and education on prevention and control of disease, training to health care providers, collects data on incidence and prevalence of disease. The bill authorizes \$50,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

### *Migrant and Community Health Center Initiatives*

S. 1944 makes grants to migrant health centers and community health centers for prenatal and early childhood health care services. The bill authorizes the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist, and expand the capacity of services provided for pregnant women and infants to include children up to the age of three in those centers currently receiving Comprehensive Perinatal Care Program funds. The bill authorizes the Secretary to utilize funds in excess of the amounts appropriated from the previous fiscal year for the development of new community and migrant health centers in underserved urban and rural areas with high infant mortality rates.

### *Expansion of Immunization Programs for Young Children*

The bill expands the Center for Disease Control's bulk vaccine purchase program and establishes a demonstration project to enhance service delivery models. Vaccines made available through the bulk purchase program are to be distributed among public health clinics and community health centers as well as local health departments, in proportion to the number of children served. The demonstration projects are to provide vaccines to children not more



than 2 years of age by increasing the capacity of public health departments to deliver vaccines and facilitating outreach activities to improve the percentage of fully immunized children and by maintaining private provider participation in immunization services. The bill authorizes \$25 million in fiscal year 1992 and such sums as necessary for each of the fiscal years 1993 through 1995.

*Project Grants for Maternal and Child Preventive Health and Health Care Services*

The bill provides funds to develop and operate Comprehensive Perinatal and Early Childhood programs in medically underserved or health professional shortage areas that are not served either by a community or migrant health center. The bill authorizes such sums as necessary for fiscal years 1992 through 1994.

*Birth Defects Proposal*

The Centers for Disease Control will develop a plan for establishing a National Birth Defects Monitoring System and Surveillance Program to serve all States. The surveillance program will collect and analyze data on the incidence of birth defects. The CDC will develop a program plan to serve as the national clearinghouse of the collection and storage of information generated from birth defects monitoring programs. The clearinghouse will facilitate the coordination of birth defects research. The Secretary will be required to submit a report of the plan to the Committee on Labor And Human Resources of the Senate and the Committee on Labor And Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives before July 1, 1993. The bill authorizes \$5 million for 1992 and such sums as necessary for each of the fiscal years 1993 and 1994.

*Establishment of an Advisory Council on Health Promotion and Disease Prevention*

S. 1944 establishes the Secretary's Advisory Council on Health Promotion. The Council will be composed of the Secretary, recognized leaders in health promotion, academia, and industry, members of the National Health Objectives Advisory Committee and ex officio members of Federal agencies. The Council would provide advice and recommendations to the Secretary concerning progress towards meeting the Health Objectives for the Year 2000, necessary changes in program goals and priorities.

*Responsibilities of the Members of the Commissioned Corps for Health Promotion and Disease Prevention*

S. 1944 requires the Surgeon General of the Public Health Service to notify and instruct members of the Commissioned Corps of the Public Health Service about any guidelines or recommendations for clinical practice that are developed or issued by the Public Health Service.

*Responsibilities of the Surgeon General for Disseminating Information and Recommendations*

The Surgeon General would monitor and ensure that the guidelines and recommendations for clinical practice that are developed

or issued by the Public Health Service are being appropriately utilized and implemented. The Secretary of Health and Human Services in consultation with the Director of the Office of Disease Prevention and Health Promotion, the Administrator of Agency for Health Care Policy and Research, and the Surgeon General would notify and inform the Surgeon Generals of all the uniformed services, the Secretary of Veterans Affairs, and the Administrator of the Office of Personnel Management guidelines or recommendations for clinical practices that are developed by the Public Health Services.

The Secretary would provide to the appropriate committees of Congress an annual report about these guidelines and recommendations.

### *Change in the Name of Centers for Disease Control*

S. 1944 renames the Centers for Disease Control to the Centers for Disease Control and Prevention.

### *Study Concerning the Reduction of the Risk of Bloodborne Disease Transmission*

The bill requests the National Academy of Sciences, acting through the Institute of Medicine, to conduct a study concerning dental and surgical techniques and related technology. The purpose of the study would be to examine mechanisms to enhance prevention of percutaneous injuries in order to reduce further the risk of bloodborne disease transmission during invasive procedures.

## II. BACKGROUND AND NEED FOR THE LEGISLATION

A major source of Federal funding for States to use in addressing preventive health needs is the Preventive Health and Health Services Block Grant, which was created with the enactment of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35. The Preventive Health and Health Services Block Grant consolidated eight Federal categorical health programs into a single authority of grants to the States. Under this block, States have been recipients of allotments which they use for purposes similar to the activities conducted under the categorical authorities consolidated in the block. Specifically, States may use their allotments, under this block for:

- (1) Preventive health services programs for control of rodents;
- (2) Preventive health services programs for school-based fluoridation programs;
- (3) Establishing and maintaining screening, detection, diagnosis, prevention, treatment, and follow-up programs for hypertension;
- (4) Community-based programs for demonstrating and evaluating optimal methods for organizing and delivering comprehensive preventive health services to defined populations, comprehensive programs designed to deter smoking and use of alcoholic beverages among children and adolescents, and other risk-reduction and health education programs;
- (5) Comprehensive public health services;
- (6) Encouraging the establishment of home health agencies in areas where the services of such agencies are not available;



(7) Feasibility studies and planning for emergency medical services systems and establishment, expansion, and improvement of such systems; and

(8) Providing services to rape victims and for rape prevention.

The block grant took effect in fiscal year 1982 and the funding formula is based on each State's share of the combined categorical programs in fiscal year 1981. For services for rape victims and rape prevention, in any fiscal year for the Prevention Health and Health Services Block Grant, at least \$500,000 must be allotted to the States on basis of population and made available for these services.

In 1984, the block grant was reauthorized for fiscal years 1985 to 1987 at an annual level of \$98,500,000. At that time, the annual amount set for rape victims and rape prevention was increased from \$500,000 to \$3,500,000. The requirement that States spend a defined percentage on hypertension was terminated in 1984, which allowed the States more flexibility in allocating the funds according to the priorities of individual States. Congress also strengthened the required reporting activities supported by block grant funds.

In 1988, the block grant was reauthorized for fiscal years 1989 to 1991 (Public Health 100-607). The fiscal year 1989 reauthorization increased from 6 to 12 the number of programs that States can support with block grant funds. The four additional programs covered cholesterol control, breast and uterine cancer prevention, immunization services, and chronic disease reduction. During the 1988 reauthorization process, additional reporting requirements were added to the legislation. States were asked to provide data on the number of persons served, the types of services provided, the health care providers who delivered the services, and the cost of services.

States use their allotments under the Preventive Health and Health Services Block Grants for a variety of activities. For instance, as reported by the Secretary in the October 1, 1990 report to Congress, 64 percent of available funds went to support 12 programs: fluoridation and dental health, hypertension, elevated serum cholesterol, health education/risk reduction, immunization, hepatitis B, home health, emergency medical services, rodent control, breast and uterine cancer, sex offenses and maternal and child health. The block grant provided \$7,316,244 in supplemental funding to programs that receive Federal categorical or other block grant funds. These programs covered the following areas: maternal and child health, immunization, tuberculosis, sexually transmitted disease, diabetes, and acquired immunodeficiency syndrome. For example, the Utah Health Department carried out seatbelt use education, smoking education, nutrition education and weight control programs, hypertension screening, cholesterol screening, trained emergency medical technicians and sexual offenses prevention education programs with block grant funds.

Improvements in the Nation's preventive health efforts are essential if Americans are to maximize their opportunities to live healthy, productive lives. Whether the issue is cancer or infant mortality, or a host of other health problems, prevention is a key health improvement strategy.

Today, cancer is the most feared disease among the American people. Among all cancers, breast cancer is one of the greatest threats of all. One out of four Americans will be diagnosed with cancer. One in nine women will develop breast cancer at some time in their lives. In 1991, it is estimated that 175,000 women will be diagnosed with breast cancer and an estimated 44,500 women will die from breast cancer this year.

Breast cancer is particularly devastating to young women. Although lung cancer has surpassed breast cancer as the leading cause of cancer death among women, breast cancer continues to be the leading cause of cancer death among women aged 15 to 54, in the prime of their lives and careers. For breast cancer, early diagnosis and treatment are the most important factors in cancer control. We know that 30 to 40 percent of the deaths from breast cancer could be prevented through regular screening and early detection.

Cancer is not the only health problem that women face. Cardiovascular disease accounts for 28 percent of all deaths. There are an estimated 1.3 million osteoporosis-related fractures each year and most of them in women. It is estimated that chlamydia is responsible for about 500,000 cases of pelvic inflammatory disease. As recently reported in the *Journal of the American Medical Association*, infertility is a major complication of pelvic inflammatory disease. Through early detection and treatment, we can prevent 150,000 cases of infertility each year.

Injuries are the leading cause of death and disability in children and young adults. Each year, more than 150,000 Americans die from preventable injuries. There are over 2.3 million hospitalizations for injuries. Every year, more than 80,000 people become permanently disabled because of brain or spinal cord injury. Injuries constitute one of the most expensive health problems, costing \$100 billion a year.

In 1985, the Department of Health and Human Services released the Report of the Secretary's Task Force on Black and Other Minority Health, which detailed the health problems of Blacks, Hispanics, Native Americans, Asian and Pacific Islanders. The Task Force outlined the discouraging disparities between the health status of minorities and non-minorities. Life expectancy for African Americans has actually declined while life expectancy for other groups has risen. African American babies are twice as likely to die before their first birthday as white infants. Mexican-Americans are twice as likely to suffer from diabetes. Stomach, cervical and renal cancers occur with greater frequency among Hispanics. Mortality from tuberculosis, diabetes, unintentional injuries, respiratory infections, and alcoholism is dramatically higher for Native Americans. Hypertension among Asian and Pacific Islander men is nearly double that of the general public. The prevalence of liver cancer among Southeast Asians is more than 12 times greater than for the general population. "Healthy People 2000" set as one of its major objectives reducing the health disparities between minorities and non-minorities.

There is a growing concern about the increasing number of men developing prostate cancer. Prostate cancer is the most common cancer in American men. Prostate cancer will account for an esti-



mated 103,000 new cases and 28,500 deaths in the United States in 1989. The death rate from prostate cancer continues to rise. Although there are several means of detecting prostate cancer such as ultrasound, acid phosphates and prostate specific antigen, the effectiveness of current early detection methods have not been proven.

Lead poisoning is the number one preventable environmental disease of children; yet only meager efforts have been undertaken to eliminate lead exposure and detect lead toxicity among our most vulnerable citizens. For more than a decade it has been known that even healthy appearing children with modest lead elevations show poor academic performance as evidenced by low IQ scores, impaired hearing, unsatisfactory speech and language development, and disruptive classroom behavior. In fact a comprehensive 10-year follow-up study has recently demonstrated that children with elevated lead levels are 7 times more likely to drop out of high school.

Conservative estimates indicate that more than 3.5 million children representing all socioeconomic groups have excessive lead levels. That represents one in every six children. In addition, 400,000 babies are born each year with high lead levels transferred from their mothers. The social costs of childhood lead poisoning are staggering, and the annualized price tag just for remedial medical and education exceeds \$1 billion. Although the cost effectiveness of screening children for lead has been amply demonstrated, saving by more than fifty-fold the immediate costs of treatment, there is a serious lack of awareness of the perils of lead poisoning, the benefits of lead screening and the resulting preventive and treatment measures that can be taken to combat this problem.

In 1988, Congress passed legislation authorizing the Centers for Disease Control to make grants to States and localities to enhance education and screening for childhood lead poisoning. While resulting in some improvement, the program has been restricted by funding and authority limitations. There is still no national education program regarding lead poisoning. In addition, while several Federal departments and agencies are interested in preventing lead poisoning, there is no coordinated national effort to address this serious but eminently avoidable problem.

An estimated 150,000 women in the United States become infertile each year as a result of complications of sexually transmitted diseases. The most serious complication of sexually transmitted diseases is pelvic inflammatory disease (PID). The total societal cost associated with PID and its complications is over \$2.6 billion annually. The only preventable cause of infertility is to prevent the complications of sexually transmitted diseases. "Healthy people 2000" set as one of its objectives reducing the incidence of pelvic inflammatory disease. The Public Health Service stresses effective prevention of PID should be based on control of chlamydia and gonorrhea.

Contrary to the beliefs of many, adolescents are not among the healthiest Americans. About one in five of today's adolescents have at least one serious health problem. The future contributions of young people are too often lost because of the senseless violence of suicide and homicide, or the tragedy of malnutrition or chronic despair which occur in many of our youth. Because adolescents re-

quire comprehensive, continuous, developmentally appropriate, labor-intensive interventions, they may not be receiving the services they need when they are included as part of programs serving children or adults. A voluminous report by the Office of Technology Assessment concluded that federal agencies' attention to adolescent concerns could benefit from better coordination and recommended to Congress that steps be taken to improve adolescents' access to health services, to restructure and invigorate Federal efforts to improve adolescent health, and improve adolescents' environments.

There are over 10 million cases of sexually transmitted diseases each year. In 1990, there were over 35,000 cases of primary and secondary syphilis reported in the United States. If untreated, one third of cases progress to potentially severe cardiovascular and neurological deficits. Victims of tertiary syphilis have decreased life expectancy, and they often experience significant disability and diminished productivity as a result of their symptoms. Long-term hospitalization is often necessary for patients with severe neurologic deficits or psychiatric illness. The incidence of syphilis has increased in recent years and is currently at its highest rate since 1950. The incidence of syphilis in pregnant women is also increasing. Transmission of the disease to the fetus results in congenital syphilis, a condition resulting in fatal or perinatal death in 40% of affected pregnancies as well as increased risk of medical complications in newborns who survive.

An estimated 2 million persons acquire gonococcal infection each year. This disease is associated with considerable morbidity.

An estimated 4 million persons acquire chlamydial infections each year. The economic costs of chlamydial infection are estimated to be over \$4 billion per year. About 8-12% of pregnant women have cervical chlamydial infections. Infections during pregnancy can produce postpartum endometritis, and the organism is transmitted to the fetus in over half of the deliveries. Neonatal infection can result in blindness or pneumonia.

Infant mortality persists as a major public health problem in this country. The United States ranks 24th among the nations of the world in its infant mortality rate, and the percentage of children born with low birthweight has seen little or no improvement over the last decade. At least 10,000, or 25%, of all infant deaths are preventable, and the number of children born with disabilities could be reduced by at least one fourth with adequate prenatal and early childhood health care.

Prenatal care, along with immunizations for young children, are among our most cost effective programs for improving the health and future well-being of children. Each infant death represents an estimated \$380,000 in lost productivity, according to the draft White House Task Force Report on Infant Mortality (1989).

An Institute of Medicine study has found that \$1 invested in prenatal care saves \$3.38 in the cost of care for low birthweight infants. In 1988, the Office of Technology Assessment (OTA) reported that each low birthweight birth averted by adequate prenatal care saved between \$14,000-\$30,000 in medical costs associated with low birthweight. The National Commission to Prevent Infant Mortality estimated in 1988 that hospital costs alone for low birthweight in-



fants averaged \$2 billion annually, while providing early prenatal care to every woman not receiving it would cost as little as \$500 million.

Inadequate childhood immunizations rates also take an unnecessary toll, with over 37,000 children contracting vaccine-preventable diseases in 1990. OTA has reported that each \$1 spent to immunize a child can save more than \$10 by reducing childhood illness and related deaths. Given the vast economic and health resource costs resulting from inadequate prenatal care and preventable infectious diseases, greater focus is needed to direct resources into programs serving those at risk of poor birth outcomes and inadequate child health services.

Overall, the infant mortality rate in the U.S. in 1988 was 10.0 per 1,000 live births, according to Health United States 1990, but this figure alone does not tell the whole story. Wide disparities exist among races, with black infants dying at more than twice the rate of white infants, 17.6 per 1,000 live births compared to 8.5 per 1,000 live births respectively. Much higher rates are seen in many inner city and rural areas. In Detroit, MI, the most recent 5 year average infant mortality rate for one third of the city area is 26.3 per 1,000 live births (U.S. Dept. of HHS), while rural counties in North Dakota and Alabama had an infant mortality rate of 14.6 per 1,000 live births in 1988 ("Infant Survival in Rural America," March of Dimes, 1991). Recently the Administration announced a targeted initiative to reduce infant mortality in 15 city and rural areas with elevated infant mortality rates. However, to address the widespread problem of infant mortality across the nation, a broader systemic solution enhancing systems of care for pregnant women and infants is needed.

A leading cause of infant deaths is low birthweight. In 1988, over 270,000 infants were born too small or too soon. Low birthweight infants (defined as 2500 grams or less at birth) are 40 times more likely to die in their first year than children of normal birthweight. Low birthweight infants who survive have a higher rate of disabilities and may require a lifetime of care, including medical care, support services, and special education. Lifetime costs for a low birthweight infant can reach \$400,000 in contrast with preventative prenatal care costs as low as \$400 (National Commission to Prevent Infant Mortality).

The most important factor in reducing low birthweight and infant mortality is the early and continuous delivery of prenatal care. Despite an increased focus on access to prenatal care through Medicaid eligibility expansion, one in four pregnant women still receive no prenatal care in the first trimester, with this rate dropping to only 60 percent for black and Native American women. One out of 16 women received only third trimester or no prenatal care (Health United States 1990), and 73,000 women received no prenatal care in 1988 (National Commission to Prevent Infant Mortality). In rural areas, access to prenatal care is often made more difficult by long travel distances and a short supply of health care providers.

Another recent trend of great concern has been the erosion in our nation's ability to protect children against vaccine preventable diseases. In 1990, over 27,000 cases of measles were reported; more

children died from measles last year than in any year since 1971. Key factors in the current measles epidemic are growing childhood poverty, skyrocketing vaccine costs, inadequate public investment in immunization programs, and growing dependence on the public sector for the delivery of immunizations. In 1990, the Centers for Disease Control estimated that only 70-80 percent of children under 2 years were fully vaccinated against preventable disease, with the rates in many large cities dropping to 50 percent or lower. According to a recent report by the Children's Defense Fund, more than 70 percent of community health centers have experienced recent vaccine shortages. While vaccine supply is still a problem for some state and local health departments, the more pressing need in these locations is for adequate resources for health personnel to administer immunizations and to maintain clinic hours convenient to parents with young children.

The U.S. Dept. of Public Health has set national goals for improving maternal and infant health by the year 2000 in the report "Healthy People 2000." These include: reducing infant mortality to 7 per 1,000 live births; decreasing low birthweight by 28 percent to a level of 5 percent of all births; delivery of first trimester prenatal care to 90 percent of liveborn children; and a complete immunization rate of 90 percent for all children by age 2. To achieve these goals, various policy recommendations have been issued by public health experts following closer examination of the health care delivery system and factors which contribute to infant and childhood mortality. Options recommended by 1989 draft White House Task Force Report on Infant Mortality include: (1) reinforcing one-stop shopping programs to deliver comprehensive services to women and infants at one location; (2) increasing the service capacity of community and migrant health centers, and maternal child health programs, to provide comprehensive services to low income and at risk women and children; and (3) increased support for smoking cessation and substance abuse prevention and treatment programs for pregnant women and their infants.

Broad consensus exists around the effectiveness of the one-stop shopping model for delivering services. In a 1991 report, "One-Stop Shopping: The Road to Healthy Mothers and Children," the National Commission to Prevent Infant Mortality identified this model as the most effective way of delivering a broad scope of essential services to expectant mothers, including case managed prenatal care, nutrition counseling, health education and supportive social services to maximize healthy birth outcomes. This comprehensive model has been federally supported since 1987 through the development of the Comprehensive Perinatal Care Program (CPCP) at community and migrant health centers. Community and migrant health centers (C/MHCs) are the principal source of care for nearly 1.9 million women of childbearing age and over 2.5 million children. The overwhelming majority of users have low incomes, and a large percentage are members of minority groups. Now numbering around 550 grantees with 2000 clinics, C/MHCs are by definition located in areas that are medically underserved and have elevated infant mortality rates, with a majority now located in rural areas. C/MHCs receiving CPCP funding have developed comprehensive prenatal and infant health care services, including case



managed care and close linkages with WIC service providers, Medicaid, and other public assistance programs. Integral components of prenatal care supported by CPCP funds are health education, and screening and counseling regarding smoking cessation substance abuse prevention. Early data from the first 2 years of the CPCP program have been impressive, with the incidence of low birth weight falling from 7.5% to 6.4%, and 30% of all pregnant teens age 15 and under in the nation receiving comprehensive services through funded health centers. Inadequate resources have limited the development of enhanced CPCP programs to approximately half of C/MHCs.

Integral to achieving the goals of 90% immunization rates for young children is assuring ready access to health care settings where immunizations are given, and adequate supplies of vaccines for administration. Community and migrant health centers and local health departments and public clinics are providing an increasing percentage of immunizations to children. The National Vaccine Advisory Committee (NVAC), in its 1991 white paper "The Measles Epidemic: The Problems, Barriers and Recommendations," recommended maximizing opportunities for immunizing children through points of contact with all health care providers and through other public assistance programs such as WIC. NVAC also recommended that providers of health services to Medicaid eligible children should also receive adequate supplies of vaccine through low cost Federal contracts such as that of the CDC. Support for infrastructure development for the delivery of vaccines through the public sector was cited as essential, with adequate resources for hiring staff, maintaining clinic hours, and providing for community outreach workers. As community, migrant and homeless health care centers provide care to more than 2.5 million low income children, this network joins public health clinics as an important one for reaching children at risk of inadequate immunization. Adequate vaccine supplies are jeopardized when health centers must use their federal funds to purchase vaccines at market rates up to four times higher than the federal bulk purchase price. Thus, support for adequate vaccine distribution through C/MHCs must be maintained. To assess the most effective models for increasing outreach to, and immunization of, children under age 2 years, demonstration programs to enhance health department infrastructure, increase coordination with WIC centers, and to maintain private provider participation in immunization services are necessary to relieve the growing crisis of under-immunized children.

### III. LEGISLATIVE CONSIDERATION AND VOTES IN COMMITTEE

S. 1944 was introduced on November 7, 1991, by Senator Kennedy for himself and Senators Harkin, Bingaman and Pell. Additional Cosponsors included Senators Adams and Inouye.

In an Executive Session of the Committee on Labor and Human Resources on Thursday, November 14, 1991, S. 1944 was brought up for mark up. At that time, Senator Kennedy offered an amendment in the nature of a substitute. Senator Bingaman offered an amendment to the substitute requiring the Department of Health and Human Services to produce health promotion and disease preven-

tion material that was understandable by the general public. The motion to favorably report the bill with the amendment was passed by voice vote.

#### IV. COMMITTEE VIEWS

The Committee recognizes that the United States spends more than \$600 billion on health care every year. Over three-quarters of our health care costs are the result of diseases and injuries which are preventable. We spend more on health care than Canada, Japan, and Great Britain. Although we spend significantly more on health care than any other industrialized country, we are not healthier or live longer.

Health promotion and disease prevention are two of the most neglected aspects of our health care system. Nine preventable chronic diseases are responsible for over 50% of all deaths in this nation. Chronic diseases, heart disease, stroke and cancer account for more than two-thirds of all deaths. That translates into over 1.5 million deaths each year. Many of the factors responsible for chronic diseases, disabilities or deaths are preventable through health promotion and disease prevention activities.

The human costs are accompanied by the staggering economic costs for treatment of these preventable conditions. For example, cardiovascular disease alone costs the nation \$135 billion annually, cancer costs \$70 billion, injuries cost \$100 billion, pelvic inflammatory disease cost \$2.6 billion, and osteoporosis-related fractures cost \$10 billion. The lifetime cost of one child with congenital rubella is \$354,000, which could have been avoided if the mother had been immunized at a cost of \$30. The treatment of advanced breast cancer costs \$28,000 for just the first year while screening and early detection would reduce the cost by 50%. We pay billions of dollars a year to treat diseases and illness that could have been prevented.

The Department of Health and Human Services report entitled "Healthy People 2000: National Health Promotion and Disease Prevention Objectives" outlines a comprehensive national strategy for improving the health of all United States citizens during this decade. The Healthy People 2000 report sets forth specific national objectives for reducing preventable deaths and disabilities, reducing disparities in health status among subpopulations of society, and enhancing the quality of life in the United States.

The purpose of the Health Promotion and Disease Prevention Act of 1991 is to implement the National Health Objectives for the Year 2000 by: providing the States and localities with sufficient capacity and resources to achieve the objectives; creating and developing an effective partnership of Federal, State and local health agencies; enabling the States and localities to better address national health policy issues; and to assess the health status of the American People. The Preventive Health and Health Services Block Grant provides funding to states for a wide range of public health and preventive services. These services have included breast and cervical screening, hypertension and cholesterol screening, health education, emergency medical technician training, rodent control, water fluoridation and dental health. In addition to the



block grant, there are several categorical programs. They include childhood lead poisoning prevention, injury control, and sexually transmitted disease control.

Although the block grant activities and categorical programs have been successful in providing some preventive health services, the current health promotion and disease prevention activities need vigorous revitalization. The public health system continues to suffer from lack of resources, lack of uniform data reporting, insufficient prioritization, insufficient coordination between the different levels of government, and inadequate accountability.

### *Preventive Health and Health Services Block Grant*

The Committee notes with approval the large variety of prevention programs supported by States with funding from the Preventive Services Block Grant. However, the Committee notes that it is essential to make the best use of funds available through the block grant and would like to provide a mechanism that will assist States in spending these dollars wisely and carefully. Therefore, the Committee added language which requires that specific objectives and assurances be included in the application. The Committee expects the States to submit a clear plan which specifies the population to be served, with an emphasis on women, minorities and the disadvantaged, services to be offered, and objectives to be reached in implementing each project.

The Committee is aware of previously expressed concerns about lack of national uniform information on States' uses of funds from the Preventive Health and Health Services Block Grant. The Congress has emphasized the need for improved accountability for spending of block grant funds and the vital services supported by these funds. This accountability is important in helping the Congress to properly evaluate the effectiveness of the block grant program and in determining funding levels.

It is the belief of the Committee that much of the concern about the block grant accountability has been ameliorated in recent years through the cooperative efforts of the Centers for Disease Control, the State and Territorial health agencies, and the Public Health Foundation. Through a cooperatively-developed voluntary reporting system, States have provided information that has just begun to satisfy the need for improved accountability of block grant funds. The Committee believes that while this system has been helpful in meeting Congress' need for improved accountability, the minimum reporting requirements of this bill will not prove to be unduly burdensome to the States. The Committee was particularly impressed with States' ability and, more importantly, willingness to provide complete and uniform information.

The Committee believes that the information to be reported by States under this act should, first and foremost, be useful to the States in planning and implementing their block grant supported programs. It is the intent of the Committee in developing reporting requirements that States define uniform information that will satisfy their needs as well as Congressional needs for accountability.

Section 111 of the bill provides that the Secretary, acting through CDC and in consultation with the States and the National Health Objectives Advisory Committee, develop uniform data items

and data formats for the annual report. The Committee believes it essential that these data items be beneficial to the States in planning, developing, implementing, and assessing their programs funded by the Preventive Health and Health Services Block Grant and that the States complete them to the best of their abilities.

It is the Committee's understanding that a variety of efforts have been undertaken to address different aspects of State and local information needs, such as the health status indicators developed to satisfy Objective 22.1 of the Healthy People 2000 and the uniform data set developed cooperatively by Federal, State and local health officials under the auspices of the Public Health Foundation. The proposed amendments to Section 1906 of the Public Health Service Act and the addition of section 1910I and 1910J are intended to build upon those efforts, which were developed through consensus-building processes, and to avoid unnecessary duplication. In implementing the provisions of these sections, it is the intent of the Committee that the Centers for Disease Control make maximum use of the ongoing cooperative efforts of the nation's state and local health agencies to improve information capacity.

#### *Prevention of Sex Offenses Set Aside*

In recognition of the critical needs for programs and service to prevent sex offenses and assist sexual assault victims, the \$3.5 million set aside of appropriated funds for the Preventive Health and Health Services Block Grant has been increased to \$7 million. In the 1990 report to the Congress by the Secretary, the Preventive Health and Health Services Block Grant was the only source of funds for sex offenses programs over in fifty percent of the States.

#### *Year 2000 Health Objectives Planning Act*

The Committee emphasized the importance of establishing and operating State Health Objectives Advisory Committees to assist the State Health Official in planning health promotion and disease prevention activities. The Committee believes that in order to reduce the death, disability and illness associated with preventable disease, we must develop a public-private partnership. The State Health Objectives Advisory Committee would have a crucial role in that partnership.

#### *Health Promotion and Disease Prevention Research Centers*

Title XVII of the Public Health Act authorizes the creation of 13 centers for research and demonstration on health promotion and disease prevention to complement programs at the Centers for Disease Control and other federal initiatives in health promotion and disease prevention. The Committee noted that to date only seven centers have been funded. Each has a close working relationship with State and local health departments and/or community-based public health organizations. The Committee supports the activities of the health promotion and disease prevention research centers.

#### *National Health Objectives Project Grants to States*

The Committee emphasized the need to enhance the coordination among the Federal, State and local levels in the development and implementation of the public health policy is essential to the suc-



cessful implementation of the Year 2000 Health Objectives. Such enhanced coordination should result in better identification of needs, planning strategies to meet those needs. It should also better enable the States and localities to address national health policy issues.

The Health Promotion and Disease Prevention Act of 1991 establishes a mechanism for creating and developing an effective partnership by requiring the Secretary to establish a National Objectives Advisory Committee and requiring each State to establish a State Health Objectives Advisory Committee. The National committee will bring together, under the chairmanship of the Assistant Secretary for Health, Federal, State and local health policy makers, as well as public health professionals and educators and members of the general public. This group will serve the important purpose of linking consumers and local and State officials in the selection, revision, implementation and evaluation of the National Health priorities and the development and adoption of a uniform data set.

The State Health Objectives Advisory Committee will bring together, under the chairmanship of the State Health Officer, State level health policy makers, directors of local health agencies, and those involved in the provision of public health services for the purpose of reviewing and providing advice to the State health department relative to the assessment of health needs, developing State health objectives and plans for implementing them, the allocating funds under the State plan, and coordination of programs funded under this Act and with other similar programs at the State and local level. In addition, local health agencies must be consulted concerning proposed funding decisions within their jurisdictions under the State Health Objectives Plan.

The Committee recognizes the critical role that community-based organizations, including minority community-based organizations, play and can play in achieving the health goals. Their participation throughout the planning and implementation process should be emphasized.

### *The Training of State and Local Public Health Personnel*

Funds are provided to the Secretary for the training and education of State and local public health professionals to enhance the capacity of the States and localities to achieve the national health objectives. Reports over the last decade have pointed to the shortage of trained public health personnel and the deleterious impact this has had on achieving public health goals. These funds should facilitate an increase in the number of traineeships and other training programs which increase the pool of trained professionals available to implement the national health objectives. The Committee believes that special emphasis should be placed on increasing the number of trained minority public health professionals and those serving in rural or other underserved areas.

### *Women's Health*

The Committee expressed the need to reduce the incidence or severity of diseases or conditions that disproportionately affect women. The Committee noted that over 15.2 million women in the

U.S. have no health insurance. The States receiving funds through the Preventive Health and Health Services Block grant must insure that women have access to health promotion and disease prevention services. The Committee emphasized developing programs that address the major threats to the health and well-being of women including cardiovascular disease, breast cancer, osteoporosis, diabetes, obesity, and tobacco use. The Committee further emphasizes the need to target economically disadvantaged women with these programs.

### *Injury Control*

Unintentional injuries are the fourth leading cause of death resulting in about 100,000 deaths each year. Non-fatal injuries are responsible for one of every six hospital days. The economic costs from injuries have been estimated at \$100 billion annually. The Committee emphasized the need to prevent death and disabilities from injuries in children, adolescents and minorities.

### *Adolescent Health*

The committee took into consideration the findings of the Office of Technology Assessment report to the Status of Adolescent Health. The Committee expressed concerns about the health, mental health and social services of adolescents. The Committee wanted to insure that the future contributions of young people would not be often snuffed out by the senseless violence of suicide and homicide or the tragedy of malnutrition of chronic despair which occurs in young people. The committee emphasized the need for an Office of Adolescent Health to coordinate all federal activities regarding adolescent health issues.

### *Lead Poisoning Prevention*

The Committee commends the Department of Health and Human Services on its "Strategic Plan for the Elimination of Childhood Lead Poisoning". The Committee emphasized that lead poisoning is a preventable disease. Over recent years, the evidence shows that relatively low blood lead levels can result in impaired intellectual abilities, behavioral, fine motor skills and emotional impairments. The CDC expended the definition of lead toxicity in October, 1991. By lowering the lead toxicity level, it is estimated over 3 million children may be lead poisoned. The Committee increased the authorization level for this program and stressed the need to expand the number and scope of CDC grants so that there were lead poisoning prevention programs in all 50 States. This funding level would insure that more children would be screened for lead poisoning and referred for appropriate treatment. The CDC emphasized the need for educating the public and health care professionals regarding the sources and routes of lead exposure, the value of lead screening, and the prevention measures to reduce and eliminate the risks for lead poisoning.

Establishing a National Lead Poisoning Prevention Education Program under the direction of the CDC would provide health professionals, paraprofessionals and the public with the necessary access to current knowledge regarding lead poisoning.



The principal tests for detecting lead toxicity are blood lead and free erythrocyte protoporphyrin (EP) levels. Blood lead is the more accurate test, but it is not ideal for screening due to its cost. Blood lead levels are generally done as a confirmatory test in children who have elevated EP. The EP test is less expensive than blood lead but the sensitivity and specificity of the test is not good. The sensitivity of the test is 50% or less in detecting blood lead levels below 50ug/dl. Therefore, EP testing may not be useful in the early detection of lead toxicity. The Committee recognizes based on this information that there is a need to improve the screening test for determining lead burden.

In addition, the Committee intends that the inter-departmental and inter-agency task force established by this bill will review and evaluate all federal policies as they relate to lead poisoning and assure coordination among federal programs aimed at preventing lead poisoning.

### *Sexually Transmitted Diseases*

The Committee recognizes the need for the control of sexually transmitted diseases (STD). The incidence of sexually transmitted diseases continues to rise. The number of reported syphilis cases among women is the highest it has been in 40 years. Almost half of all pregnant women with undetected syphilis will lose their babies. There were over 4,000 cases of congenital syphilis in 1990. This represents a 12-fold increase over the last ten years. Every year, 2.5 million adolescents contract an STD. The presence of syphilis, genital herpes, and chancroid increases the likelihood of contracting HIV. Cervical cancer has been found to be associated with human papilloma virus. The intent of S. 1944 is provide adequate funds to stem the dramatic rise in sexually transmitted diseases and therefore authorizes \$120,000,000 for fiscal year 1992 and such sums as necessary for 1993 through 1996.

### *Prostate Cancer*

The Committee noted that prostate cancer strikes one out of ten men, 122,000 men will develop the disease and 32,000 will die from the disease this year. At this time we do not have an effective prevention or early detection strategy. The Committee expressed the need to develop prevention strategies. There are few leads as to its risk factors. There are no epidemiology studies to point us in the right direction for preventing this disease. The good news is that there are several tests on the horizon that may lead to early detection of this disease. Since it is a relatively slow growing cancer, early detection offers the best chance for a cure.

The Committee emphasized the need for screening and early detection of prostate cancer. The Committee emphasized the need for collaboration between CDC and the NIH to insure that existing screening methods are evaluated, surveillance systems are improved, information is disseminated to health professionals and expedited research and development methods for the early detection of prostate cancer.

### *Minority Health*

Minorities and the poor continue to suffer poorer overall health status than the general population. Many preventable diseases occur at higher rates and access to quality health promotion and disease prevention services are inadequate. The Committee emphasized the importance of reducing the heavy burden of chronic illness, morbidity and disability in minorities and the disadvantaged.

### *Coordination of Health Promotion and Disease Prevention Activities*

The Committee recognizes the important role of the Office of Disease Prevention and Health Promotion in coordinating health promotion and disease prevention activities among federal agencies and serving as the clearinghouse for health promotion and disease prevention activities.

The bill authorizes the use of up to \$80,000-\$100,000 for the adoption of automated telephone technology for increasing the capacity of the National Clearinghouse and the Committee views this as a high priority.

The Committee recognizes the need for health education materials that are written at a level that is understandable to the average American and those in need. The 23 million Americans that are functionally illiterate (reading below an eighth grade level) are also the most socially disadvantaged people in our country and often the most likely to practice unhealthy lifestyles. Most federal health education materials range from an eighth grade to fourteen grade level with most of the materials clustered in the higher level reading range and thus useless to the people most in need.

The Committee believes that to reach the people who most need health education information, materials should be prepared at an understandable reading level and recommends that after January 1, 1992, at least one-half of all new or revised health education and promotion materials developed or funded by the Department is in a form that does not exceed a level of functional literacy as defined in the National Literacy Act of 1991.

### *Preventable Cases of Infertility*

It is estimated that chlamydia is responsible for about 500,000 cases of pelvic inflammatory disease. As was reported recently in the Journal of the American Medical Association, infertility is a major complication of pelvic inflammatory disease. The health care costs of infertility are estimated to be almost \$1 billion annually. Through early detection and treatment, we can prevent 150,000 cases of infertility each year and save money.

The Committee recognizes that the impact of sexually transmitted diseases (STDs) on women can be particularly devastating. There are more than 4 million new infections each year, affecting more than 2.6 million women. STDs in women are often asymptomatic, making them harder to detect and treat. This bill provides funds to provide screening and prompt treatment of chlamydia and gonorrhea in women and their partners.

The Committee's intent is that funds be provided for screening and the medical treatment of sexually transmitted diseases. The bill provides for counseling to women on the prevention and con-



trol of sexually transmitted diseases and referral services for evaluation and treatment of acquired immune deficiency syndrome and other sexually transmitted diseases. The Secretary may not make grants unless the grantee certifies that they will follow all the regulations established for programs receiving awards under the authority of the Prevention and Control of Sexually Transmitted Diseases in section 318 of the Public Health Act.

The Committee's intent is that services provided for treating chlamydia and other STDs that can result in infertility should be equivalent to the treatment services and referral policies provided for in section 318 of the Public Health Service Act, the Prevention and Control of Sexually Transmitted Diseases.

### *Comprehensive Maternal and Early Childhood Health Care*

The Committee is concerned about the continued high incidence of infant and childhood illness and mortality in our country, and is committed to taking action to meet the U.S. Public Health Service's "Healthy People 2000" objectives for the nation in the areas of maternal, infant and early childhood health. Specifically, the Committee intends to address those objectives relating to prenatal care improvements, reduction on low birthweight births, achievement of infant mortality reduction goals for all racial groups, and timely immunizations. The Committee recognizes infant and childhood mortality is a national problem affecting thousands of communities, and that federal support and broad programmatic action is required to prevent the high toll of infant mortality, low birthweight, and vaccine-preventable diseases.

### *Community, Migrant and Homeless Health Care Programs*

Community and migrant health centers were established to provide primary and preventive health care to medically underserved populations, including low-income and minority groups, most of whom are uninsured or underinsured. The Committee recognizes that these centers are ideal locations for targeted efforts to improve access to prenatal, infant and toddler health care services for poor and uninsured women and their children. New or expanded services for pregnant women and children would be funded out of amounts appropriated by the Congress that are in excess of the amounts required to maintain the current service levels achieved on fiscal year 1991 under existing program authorities. The Committee wishes to be clear that such initiatives are not intended to be undertaken at the expense of maintaining the scope or level of services or the number of patients served by these programs in fiscal year 1991.

The Committee intends that all funds appropriated for these initiatives should be used for efforts which will contribute to reduced maternal and child mortality and morbidity, with priority uses for new funds as follows: provision of new Comprehensive Perinatal Care Program (CPCP) grants to health centers not currently receiving funds under this program and which are located in areas with infant mortality rates above the national average; expansion of existing CPCP grants to include Early Childhood Health Care services for children up to age 3 years; and establishment of new

health centers in medically underserved areas with high infant or child morbidity and mortality rates.

### *Comprehensive Perinatal Care Program*

The Committee recognizes that where health centers have received Comprehensive Perinatal Care Program funding, improved care for pregnant women and infants has resulted, with increases in the numbers of pregnant women and infants served, and better pregnancy outcomes and infant health observed. The Committee recognizes that coordinated delivery of comprehensive services using a one-step shopping approach is recommended to achieve the greatest progress in improving maternal and infant health. Due to limited funding available for these purposes, only about one half of C/MHCs have received CPCP grants. Because health centers are targeted within medically underserved areas, the Committee intends that highest priority be given to providing comprehensive perinatal care services in all C/MHCs serving areas with infant mortality rates above the national average. In addition, the Committee notes that in 1990, the proportion of homeless women or young children served under section 340 grants increased for the second consecutive year. The Committee believes that the Section 340 projects should also have the capacity to provide comprehensive perinatal and infant care services to homeless pregnant women and their children.

The Committee intends that the Comprehensive Perinatal Care Program services be defined as activities which facilitate the entry of pregnant women and children into prenatal and preventive health care services as early as possible, and which maintain the appropriate level of medical and social services to such individuals to maximize healthy outcomes for mother and child. These services may include outreach and case finding, patient case management, translation services, transportation assistance, child care, health education, and support for medical providers. Grantees may accomplish their objectives through a variety of activities, such as training staff to provide improved risk assessment, more appropriate referral, or improved follow-up care; providing prenatal outreach to better ensure timely entry into appropriate care; developing improved communication and patient referral systems between health centers and more specialized medical centers; and pursuing greater coordination with other state and local programs serving women and children.

### *Comprehensive Perinatal and Early Childhood Health Care Services*

A second priority with newly available funds in fiscal year 1992 and subsequent years should be given to further expand CPCP efforts to include early childhood preventive and developmental services, including preventive health care, outreach initiatives, immunizations, EPSDT services, and referral for special services under Part H of the Individuals with Disabilities Education Act. The Committee is concerned that many infants and children under age 3 do not receive vital early vaccinations, and have no routine provision for health and developmental assessments prior to entry into child care or preschool programs. Early detection and treatment of



environmental hazards, such as lead poisoning, also markedly improves the health and developmental outcomes for at risk children.

#### *New Health Centers Program*

There is a great need to expand the number of medically underserved areas that benefit from the range of health and support services supported by grants under section 329 and 330 of the Public Health Service Act. In recognition of this need, this legislation requires that the Secretary use appropriated funds (above those necessary to assure maintenance of current services to existing grantees that are reapproved) to provide grants for the planning and development of new centers. The Committee considers this to be an important area for program expansion which should receive further priority from the Secretary.

The Committee also recognizes that many underserved communities exist, particularly those in isolated rural areas, that due to a lack of health resources and available health care providers may not be able to initially meet all the conditions required of grantees under section 330. Many of these communities have significant unmet needs for the services supported under the section and with grant assistance could provide directly or through referral a majority of required services. The Committee intends that the existing authority under subsection 330(d)(1)(B) be utilized provided that within a reasonable period of time such entity shall meet the requirements for funding under subsection 330(d).

#### *Expansion of Vaccine Bulk Purchase and Immunization Programs*

The Committee has recognized that shortages of federally purchased vaccine at C/MHCs, homeless health care centers and federally qualified health centers, public clinics, and grantees currently receiving vaccine allotments from the CDC has compromised the ability of such health care providers to routinely offer immunizations to all unimmunized children. The Committee intends that additional appropriations made available to the Centers for Disease Control for immunization purposes shall be utilized to provide significant expansion of the bulk vaccine purchase program to existing grantees and the entities listed above. The Committee clearly intends that no grantee shall receive a lesser total allotment than that received in fiscal year 1991, and that no provider shall receive a lesser amount of vaccine relative to the proportion of children served by such provider. The Committee also recognizes the need for innovative demonstration projects to determine effective models for maintaining private provider participation in immunization services, as well as projects to maximize immunization opportunities for young children. The Committee does not believe that mandatory requirements for immunizations as a condition of eligibility for other public assistance programs is justified at this time, as the infrastructure for vaccine delivery is inadequate to meet the present need.

#### *Project Grants for Maternal and Child Preventive Health Care Services*

The Committee recognizes that in many medically underserved and health professional shortage areas of the country, the bulk of

prenatal and early childhood health care services are provided through public health departments and other public or nonprofit health entities, in part due to inadequate resources for new section 329 and 330 grants. The Committee authorizes a grant program to establish Comprehensive Perinatal and Early Childhood Health Programs through eligible entities, with clear requirements that available funds may not be used to supplant State funds made available to the entity for prenatal and child health services. The Committee requires that entities applying for funds this section review their application with the State agency administering Maternal and Child Health Block Grant funds and the local health department, that such application reflect a needs assessment of the target service area, and that the application be consistent with the State plan for the delivery of maternal and child health services. To assess the effectiveness of this program in providing services to underserved pregnant women and children, the Committee places a high priority on the Secretary's evaluation of grants made under this section, with particular focus on subsequent trends in key health indices observed in grantee service delivery areas, and the extent to which services provided by the grantee are integrated with other health and social service providers in the service delivery area.

#### *Coordination of Birth Defects Surveillance and Research Programs*

The Committee recognizes that birth defects, alone and in combination with low birthweight, are a leading cause of infant mortality. The Committee intends that the CDC Division of Birth Defects and Developmental Disabilities will develop a plan to establish regional birth defects monitoring programs to serve all states, including provisions to utilize data gathered from such programs for epidemiological research into the causes of birth defects. Regional centers are necessary to pool statistics about birth defects, some of which may be rare in a single state. The Committee expects that the plan will specify how collaborative efforts between CDC and the states will be carried out. The Committee also intends that the CDC shall develop a program plan to establish a national clearinghouse for research data and information regarding birth defects, and will facilitate the coordination of birth defects research.

#### *Advisory Council on Health Promotion and Disease Prevention*

The intent of the Committee is to establish an Advisory Council on Health Promotion and Disease Prevention that will provide advice and recommendations to the Secretary regarding progress towards achieving the Year 2000 health objectives.

#### *Members of the Commissioned Corps and Surgeon General*

The intent of the Committee is that the members of the Commissioned Corps of the Public Health Service receive notification and instruction in any guidelines or recommendations for clinical practice that are developed or recommended by the Public Health Service. The Surgeon General would ensure that the guidelines or recommendations would be implemented.



### *Centers for Disease Control and Prevention*

The Committee recognizes the leadership role of the Centers of Disease Control in disease prevention. The change in name acknowledges CDC role in controlling and preventing disease. It is the intent of the Committee that the Centers for Disease Control and Prevention continue to be recognized by the initials CDC.

### *Institute of Medicine Study*

The Committee recognizes that public health experts concur that the most effective way to reduce the extremely small risk of HIV transmission in health care settings is through strict adherence to universal precautions and infection control procedures. The Committee directs the Secretary of HHS to commission a study through the National Academy of Sciences to address lingering concern about the potential for transmission of bloodborne diseases during a small number of surgical and dental procedures. The Committee intends that this study should review current surgical and dental techniques which present a risk of percutaneous injury, and identify how such procedures may be modified to reduce the potential of injury and subsequent recontact rates. Current technologies used in surgical and dental settings have an important role in preventing injuries to health care workers and patients. The Committee intends that this study should also review improvements in product design and usage as they apply in surgical and dental settings, to further reduce the risk of percutaneous injuries.

## V. REGULATORY IMPACT STATEMENT

The Commission has determined that there will be minimal regulatory impact imposed by this bill.

## VI. COST ESTIMATE

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, November 25, 1991.*

HON. EDWARD M. KENNEDY

*Chairman, Committee on Labor and Human Resources, U.S. Senate,  
Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed revised cost estimate for S. 1944, the Health Promotion and Disease Prevention Act of 1991, as ordered reported by the Senate Committee on Labor and Human Resources on November 14, 1991. This estimate includes two amendments which were adopted after the estimate was sent to the committee. Because S. 1944 would not affect spending or receipts, there are no pay-as-you-go implications.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT D. REISCHAUER

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 1944.

2. Bill title: Health Promotion and Disease Prevention Act of 1991.

3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on November 14, 1991.

4. Bill purpose: To amend the Public Health Service Act to strengthen the Nation's health promotion and disease prevention activities, and for other purposes.

5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1992	1993	1994	1995	1996
Estimated authorization levels:					
Preventive Health Services Block Grant.....	275	287	299	312	325
State Planning Functions .....	10	10	11	11	12
Health Promotion and Disease Prevention Research Centers.....	10	10	11	11	12
Training.....	10	10	11	11	12
National Demonstration Projects for Women's Health.....	10	10	10	10	10
Injury Prevention.....	40	42	43	45	47
Office of Adolescent Health.....	10	10	10	10	10
Lead Poisoning Screening and Prevention.....	40	42	43	45	47
Prevention and Control of Sexually Transmitted Diseases.....	120	125	130	136	142
Screening and Early Detection of Prostate Cancer.....	10	10	10	10	10
Minority Health Promotion and Disease Prevention.....	10	10	10	10	10
Office of Disease Prevention and Health Promotion.....	10	10	11	11	12
State Offices of Minority Health.....	3	4	3	3	3
Perinatal and Child Health Programs:					
Migrant Health Centers.....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )		
Community Health Centers.....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )		
Programs for the Homeless.....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )		
Vaccine Bulk Purchase Program.....	30	31	33	34	35
Immunization Demonstrations.....	25	26	27	28	
Maternal and Child Preventive Health Services.....	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )		
Birth Defects Programs.....	5	5	5		
Preventable Cases of Infertility.....	50	50	50	50	50
Total Estimated Authorization.....	668	693	718	739	737
Estimated outlays:					
Preventive Health Services Block Grant.....	146	254	292	304	318
State Planning Functions .....	5	9	11	11	12
Health Promotion and Disease Prevention Research Centers.....	5	9	11	11	12
Training.....	5	9	11	11	12
National Demonstration Projects for Women's Health.....	5	9	10	10	10
Injury Prevention.....	21	37	42	44	46
Office of Adolescent Health.....	8	9	10	10	10
Lead Poisoning Screening and Prevention.....	21	37	42	44	46
Prevention and Control of Sexually Transmitted Diseases.....	64	111	127	133	139
Screening and Early Detection of Prostate Cancer.....	5	9	10	10	10
Minority Health Promotion and Disease Prevention.....	5	9	10	10	10
Office of Disease Prevention and Health Promotion.....	7	9	11	11	12
State Offices of Minority Health.....	2	3	3	3	3
Perinatal and Child Health Programs:					
Migrant Health Centers.....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
Community Health Centers.....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
Programs for the Homeless.....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
Vaccine Bulk Purchase Program.....	16	28	32	33	35
Immunization Demonstrations.....	15	23	26	27	12
Maternal and Child Preventive Health Services.....	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )
Birth Defects Programs.....	3	5	5	3	1
Preventable Cases of Infertility.....	27	45	50	50	50
Total Estimated Outlays.....	361	616	703	727	736

Notes:

<sup>1</sup> These activities are presently authorized at such sums as may be necessary. This bill would encourage the Appropriations Committee to increase the funding for these services but would not increase the existing authorization by a specific amount.

<sup>2</sup> Due to lack of sufficient information, CBO is unable to estimate the costs of this provision.

Estimates may not add to totals because of rounding.



The costs of this bill fall within budget function 550.

*Basis of Estimate*

The following sections describe the individual programs. Except as noted, amounts authorized for appropriation after 1992 are derived by adjusting the amount specified for 1992 for projected inflation.

*Preventive Health Services Block Grant.* S. 1944 would reauthorize the Preventive Health and Health Services Block Grant at \$275 million in fiscal year 1992, and such sums as may be necessary for each of fiscal years 1993 through 1996. Of the amounts appropriated for the block grant, \$7 million would be reserved for providing services to victims of sex offenses and for prevention of sex offenses. The bill would authorize amounts appropriated exceeding \$150 million to be used for providing National Health Objectives Project Grants to States, for assistance in achieving the Year 2000 National Health Objectives that are established under current law.

*State Planning Functions.* The bill would reauthorize funding for the establishment and operation of State Health Objectives Advisory Committees at \$10 million for fiscal year 1992 and such sums as may be necessary for each of the fiscal years 1993 through 1996.

*Health Promotion and Disease Prevention Research Centers.* S. 1994 would reauthorize funding for health promotion and disease prevention research centers at \$10 million for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

*Training.* The bill would authorize funding for professional training of state and local public health personnel. The bill would authorize appropriations of \$10 million for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

*National Demonstration Projects for Women's Health.* S. 1944 would authorize establishment of women's health promotion and disease prevention demonstration projects at \$10 million for each of fiscal years 1992 through 1996.

*Injury Prevention.* The bill would reauthorize and expand funding for the Injury Control Program. The bill would authorize the Secretary to establish a national information clearinghouse to facilitate the exchange and dissemination of information concerning the prevention and control of injuries. The bill would authorize the Secretary to award grants to or enter into contracts with eligible entities for the purposes of helping public schools to implement effective programs to prevent injuries and behaviors associated with unnecessary risks for injuries. The bill would authorize the Secretary to award grants for the establishment of 10 demonstration projects for the prevention and control of injuries in locations that are not otherwise covered by the Occupational Safety and Health Act of 1970. The bill authorizes appropriations of \$40 million for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996 for the Injury Control Program. Of

the amounts appropriated that exceed \$30 million, the bill would authorize not less than 50 percent but not more than \$2 million in each of fiscal years 1993 and 1994 for establishment of five demonstration projects for the prevention and control of injuries.

*Office of Adolescent Health.* S. 1944 would authorize establishment of an Office of Adolescent Health to coordinate projects, training and other activities. The bill would also authorize the Secretary of HHS to award grants to community-based multi-disciplinary coalitions to develop strategies for preventing adolescent involvement in violence. For these purposes, the bill authorizes appropriations of \$10 million for each of fiscal years 1992 through 1996.

*Lead Poisoning Screening and Prevention.* The bill would authorize establishment and expansion of community programs designed to provide for screening, referral, and education regarding lead poisoning. The bill would authorize establishment of a National Lead Poisoning Prevention Education Program designed to educate health professionals and paraprofessionals and the general public concerning lead poisoning. The bill would authorize establishment of a National Lead Poisoning Technology Assessment and Epidemiology Program to develop improved testing measures and assess the prevalence of lead poisoning. The bill would authorize establishment of an Interagency Task Force on the Prevention of Lead Poisoning, to coordinate the efforts of federal agencies to prevent lead poisoning. The bill authorizes appropriations of \$40 million in fiscal year 1992 and such sums as may be necessary for each of the fiscal years 1993 through 1996 for these activities. Of the amounts appropriated, the bill authorizes the Secretary of HHS to use not more than 10 percent of such amounts in each fiscal year for the latter three programs.

*Prevention and Control of Sexually Transmitted Diseases.* The bill would reauthorize funding for grants to states for prevention and control of sexually transmitted diseases at \$120 million for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

*Screening and Early Detection of Prostate Cancer.* S. 1944 would authorize the Secretary of HHS to make grants in order to determine the prevalence, incidence and mortality rates and stage at diagnosis of prostate cancer, and to determine the effectiveness of current practices for the screening and diagnosis of prostate cancer. The bill authorizes appropriations of \$10 million for each of fiscal years 1992 through 1996 for these grants.

*Minority Health Promotion and Disease Prevention.* The bill would authorize grants for establishment of demonstration projects for the prevention of diseases that disproportionately affect minorities. The bill authorizes appropriations of \$10 million for each of fiscal years 1992 through 1996 for these projects.

*Office of Disease Prevention and Health Promotion.* S. 1944 would reauthorize the activities of the Office of Disease Prevention and Health Promotion (ODPHP). The bill would expand the authorized activities of the ODPHP to include coordination between HHS and other departments. The bill authorizes appropriations of \$10 million for fiscal year 1992, and such sums as may be necessary for each of fiscal years 1993 through 1996 for these activities.



*State Offices of Minority Health.* The bill would authorize grants to states for the purpose of improving the health status on minority communities, through the operation of state offices of minority health. The bill authorizes appropriations of \$3 million for fiscal year 1992, \$4 million for fiscal year 1993, \$3 million for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1996. CBO estimated fiscal year 1995 through 1996 authorization levels by adjusting the fiscal year 1994 authorization for projected inflation.

*Perinatal and Child Health Programs.* S. 1944 would authorize the Secretary of HHS to make grants to migrant health centers and community health centers for the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs, and for expanding the capacity of services presently provided for pregnant women and children under the age of three. The bill authorizes appropriations of such sums as may be necessary out of the portion of each fiscal year appropriation that is in excess of the amount necessary to maintain the level of services provided under the previous year's appropriation. The bill does not authorize a specific appropriation level for this activity, nor does it specify the degree of expansion. Although estimates of per person costs of expanded services are available, it is difficult to estimate the number of underserved people. Therefore, CBO is not able to estimate the costs of expansion for the Perinatal and Early childhood Health Programs.

Presently, there are Comprehensive Perinatal Care Programs (CPCPs) in some community and migrant health centers. In fiscal year 1991, 290 of 530 community health center grantees received federal funding for CPCPs in 1991 were approximately \$33 million at community health centers, and \$2 million at migrant health centers. According to Health Resources and Services Administration (HRSA), there are about 300 community and migrant health centers with CPCPs, which serve approximately 150,000 women and their children.

According to information provided by HRSA, expansion of services at sites that presently offer CPCPs would cost approximately \$35 million, or about \$230 per mother-infant pair. Addition of CPCPs to existing health centers that presently do not have these programs would cost approximately \$500 per mother-infant pair. Start-ups, which include both primary care and CPCPs, would cost approximately \$600 per mother-infant pair. The expansion of services to include children 1 to 3 years of age would cost about \$500 per child per year. This would cover immunizations and 8 visits, at \$65 per visit. Clearly, the total cost of Perinatal and Early Childhood Health Program expansion in community health centers, migrant health centers, and homeless health care programs would depend on the degree of expansion, as well as the number of people covered.

The need for prenatal and early childhood care is difficult to quantify. In a 1989 report, *Prenatal Care in the U.S.*, the Allan Guttmacher Institute estimated that 15.7% of all women who gave birth between 1984-86 received inadequate prenatal care, or about 585,000 births annually during this period. (Inadequate prenatal care is defined as care begun in the fifth month of pregnancy or

later, or care begun on the first four months but consisting of less than 50 percent of the recommended number of visits, given completed gestation.) The percentage of Black and Hispanic women receiving inadequate care was higher, at 27.3% and 30.3% respectively.

It would also be necessary to know the geographic distribution of women receiving inadequate care and the dispersion of existing providers in order to estimate the number of start-ups needed in areas that are presently unserved by health centers. Moreover, there is significant uncertainty about the program participation rate in areas currently served by the CPCPs and the likely rate for eligible mothers and children in areas where the program would be expanded or introduced. In addition, an estimate of potential need for expanded services at existing health centers depends on the definition of need.

*Vaccine Bulk Purchase Program.* The bill would authorize the Secretary of HHS to provide vaccines for immunization purposes to the health department of each state or large city that provides immunization services to children. The bill does not provide authorization of appropriations for this activity. Nevertheless, based on information provided by the CDC, the expansion of the Bulk Vaccine purchase Program to include certain vaccines for children would cost about \$30 million in 1992. CBO estimated 1993 through 1996 authorization levels by adjusting the 1992 figure by projected inflation.

*Immunization Demonstration Projects for Outreach.* S. 1944 would authorize funding for demonstration projects for immunization outreach programs at \$25 million in fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1995. CBO estimated fiscal year 1993 through 1995 authorization levels by adjusting the fiscal year 1992 authorization for projected inflation.

*Maternal and Child Preventive Health Services.* The bill would authorize the Secretary of HHS to award Maternal and Child Preventive Health Services grants to public health departments, or to public or private nonprofit health entities for the development and operation of Comprehensive Perinatal and Early Childhood Health programs. The bill provides authorization for such sums as may be necessary for fiscal years 1992 through 1994. Because the bill does not specify the degree of expansion or number of people to be served, CBO was not able to estimate the cost of this provision. Nevertheless, estimates of the costs of coverage per participation unit are available. According to the Association of State and Territorial Health Officials, the cost of serving approximately 1,500 pregnant women and their children would be about \$350,000, or about \$230 per mother-infant pair. This estimate is lower than the estimate for community and migrant health centers because state health departments already cover some of the costs of overhead, staffing and services for these programs.

*Birth Defects Programs.* S. 1944 would authorize the Secretary of HHS to establish regional birth defects monitoring programs for the purpose of collecting and analyzing data on the incidence of birth defects. The bill authorizes appropriations of \$5 million in fiscal year 1992, and such sums as may be necessary for each of the



fiscal years 1993 and 1994 for these programs. CBO estimated fiscal year 1993 and 1994 authorization levels by adjusting the fiscal year 1992 authorization for projected inflation.

*Preventable Cases of Infertility.* The bill would authorize grants for activities regarding preventable cases of infertility arising as a result of sexually transmitted diseases. The bill authorizes appropriations of \$50 million for each of fiscal years 1992 through 1996 for these grants.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Pay-as-you-go considerations: The Budget Enforcement Act of 1990 sets up pay-as-you-go procedures for legislation affecting direct spending or receipts through 1995. None of the provisions of this bill would affect direct spending or receipts. Therefore, this bill has no pay-as-you-go implications.

7. Estimated cost to State and local government: None.

8. Estimate comparison: None.

9. Previous CBO estimate: This estimate revised the CBO estimate of S. 1944 dated November 20, 1991, to include two amendments which were adopted after the estimate and was sent to the committee. The first amendment would change the authorization of appropriations for the Office of Health Promotion and Disease Prevention to \$10 million in fiscal year 1992, and such sums as may be necessary in fiscal years 1993 through 1996. The second amendment would remove the authorization for establishment of the Centers for Disease Control foundation.

10. Estimate prepared by: Connie Takata (225-2820).

11. Estimate approved by: C.G. Nuckols, for James L. Blum, Assistant Director for Budget Analysis.

## VII. SECTION-BY-SECTION ANALYSIS

### TITLE I—HEALTH PROMOTION AND DISEASE PREVENTION ASSISTANCE

The bill provides that the Act may be cited as the "Health Promotion and Disease Prevention Act of 1991."

#### Subtitle A—Preventive Health and Health Services Block Grant

##### *Section 110. Reauthorization of Preventive Health and Health Services Block Grant*

Section 110 of the bill amends section 1901(a) of the Public Health Service Act to extend the authority for the Preventive Health and Health Services Block Grant for five years at authorization levels of \$275 million for fiscal year 1992 and such sums as necessary for each of the fiscal years 1993 through 1996. The bill amends section 1901(b) by increasing the set-aside for providing services to victims of sex offenses and for prevention of sex offenses increased from \$3.5 million to \$7 million for each of the fiscal years 1992 through 1996. The bill adds a new section 1701(c) which stipulates that if appropriations level for any fiscal year exceed

\$150,000,000 then subpart 2—National Health Objectives Project Grants to States would be implemented.

*Section 111. Reporting and Data Collection Improvements*

Section 111 amends 1906 to require that: 1) States to submit an annual report on health promotion and disease prevention activities, 2) CDC in consultation with States and the National Health Objectives Advisory Committee will develop uniform data items and format, 3) States submit an annual report with required data sets, and 4) the Secretary, in consultation with the States and National Advisory Committee, will update a set of priority national health status indicators, to be used to evaluate and monitor the overall health of the United States.

The bill amends 1906(c) by adding that the Secretary will determine the capability of each State to evaluate and submit a report in a uniform format and if a State is unable to adequately evaluate its health status, then the State will be required to use not more than 10 percent of the amounts paid to the State under section 1903 to develop the capacity. The Secretary may waive this requirement in the case of a State, territory or Indian tribe that is determined by the Secretary to be unable to develop the capacity. The Secretary may provide to enable such entities with technical assistance.

The bill changes the report from the Secretary to the Congress to every three year. The Secretary is required to submit a compilation of the information contained in the reports submitted by the States, make recommendations for appropriate changes in legislation necessary to facilitate improvement in the health status indicators described in subsection (d), facilitate the implementation of the State plans described in subsection (a)(3)(A) and ensure compliance with section 1905(c)(8).

The bill amends section 1905 of the Public Health Service Act by having States agree that continuing education credits in the utilization of universal precautions, and infection control procedures for the prevention of bloodborne disease transmission, shall be required as part of those credits required for health professional licensure.

*Section 112. Establishment of Block Grant Requirement to Address Health Promotion and Disease Prevention Related to Women's Health*

Section 112 of the bill amends section 1904 to require each State to demonstrate that block grant funds are being utilized for health promotion and disease prevention activities related to women's health.

*Section 113. Reauthorization of State Planning Functions*

Section 113 of the bill amends the Year 2000 Health Objectives Planning Act (Public Law 101-582) to extend the authority for five years and adds the establishment and operation of State Health Objectives Advisory Committees to the list of activities to be supported by funds appropriated to carry out this Act. The bill authorizes \$10 million for fiscal year 1992 and such sums as necessary for 1993 through 1996.



*Section 114. Health Promotion and Disease Prevention Research Centers*

Section 114 of the bill amends Section 1706(c) to extend the authority for the Health Promotion and Disease Prevention Research Centers for five years at authorization levels of \$10 million for fiscal year 1992, and such as may be necessary for each of the fiscal years 1993 through 1996.

*Section 115. Use of Allotments*

Section 115 of the bill amends section 1904(a)(1) of the Public Health Service Act to include programs designed to address the health problems of women.

*Section 116. Training of State and Local Public Health Personnel*

Section 116 of the bill amends Part A of title XIX by adding at the end of it a new section on the training of State and local Public Health Personnel. The bill provides training opportunities for state and local public health personnel so they will have the necessary skills to achieve the national health objectives. The bill authorizes \$10 million for fiscal year 1992 and such sums as necessary for each of the fiscal years 1993 through 1996.

Subtitle B—National Health Objectives Project Grants to States

*Section 121. National Health Objectives Project Grants to States*

Section 121 of the bill amends Part A of title XIX of the Public Health Service Act by adding a new subpart 2 entitled "National Health Objectives Project Grants to States. It adds Section 1910D through 1910K as summarized below:

*Section 1910D. Operation of Subpart*

If appropriation levels for any fiscal year exceeds \$275 million then the Secretary will execute subpart 2.

*Section 1910E. Definitions and Administration*

Key terms within the Act are defined and authority to administer the program is designated to the Centers for Disease Control within the Department of Health and Human Services.

*Section 1910F. Allotments*

This section specifies that States would receive an amount equal to what they received under the existing Prevention Block Grant Program. From the remainder of appropriated funds, each State would receive an additional allotment based on a population formula beginning at \$12,500 for the smallest territory to \$2 million for the largest States. If the remainder is less than the total of these amounts, each State will receive an amount which bears the same ratio to the total of all amounts available for allotment as their listed allotment bears to the total of all listed amounts under this section.

### *Section 1910G. Payment under Allotment to States*

States must submit and have approved by the Secretary of the Department of Health and Human Services (DHHS) a State Health Objective Plan in order to receive its allotment under this Act. Unobligated funds received by a State can be carried over to the next fiscal year. The Secretary, at the request of a State, may reduce the amount of payments to the State by an amount equal to the value of services, supplies, or equipment provided to the State by the Secretary.

### *Section 1910H. Use of Allotments*

States must use funds allotted to them under this program for the development and implementation of a State Health Objectives plan that includes the development of a collection of data to assess the public health needs of persons residing in the State, assistance in planning programs described in the State plan, and funding of health promotion and disease prevention programs.

The State can not use allotment to:

- (1) provide inpatient services;
- (2) make cash payments to intended recipients of health services;
- (3) purchase or improve any building or other facility, or purchase major medical equipment; or
- (4) satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds.

States may use not more than 10 per cent of the funds allotted to them under this Act for administration. Administration is not defined to include the collection or assessment of data.

### *Section 1910I. State Health Objectives Plan and Description of Activities*

In order to receive funds, each State is required to prepare and submit to the Secretary a State health objectives plan developed by a State Health Objectives Advisory Committee. This Committee is to be chaired by the State Health Officer and to have members from the general public and directors of local health departments. States are encouraged to include members on the Committee representing entities receiving grants under this program, community-based health and mental health organizations, and academic institutions which train public health professionals.

The Advisory Committee shall review and make recommendation to the State Health Agency regarding the contents of the State Health Objectives Plan, and coordination of programs funded under this Grant with other similar programs.

Each State Health Objectives Plan submitted must contain the following:

- (1) a specific set of not less than five State health objectives that shall be chosen from the national health objectives (including all of the Core National Health Priorities);
- (2) an annual budget which includes the specific proportion of funds to be used at each level of State or local government and by other organizations;



(3) for each State Health Objective chosen there must be a minimum set of data available to accurately measure the status of the State's population relative to the objective. This data must be used to identify the progress towards meeting the objective as well as specify the methods it intends to use to measure the progress made by the State in achieving the objective;

(4) a description of the projects and programs to be supported and services to be provided with the funds, including a plan for conducting health education and disease prevention programs for racial and ethnic minorities;

(5) a listing of the State's public health personnel needs necessary to achieve its health objectives; and,

(6) provide assurances that funds allotted will be used in accordance with the requirements of the State plan, that the State will identify those populations that demonstrate the need for services and that the State Advisory Committee will consult with community-based minority organizations.

#### *Section 1910J. State Health Objectives Report*

Each State is required to submit a State Health Objectives Report at the end of each fiscal year. This report is to detail where and how funds were expended and describe programs and projects initiated in the State during the year.

The report must also contain information concerning at least one uniform item of data on each National Health Priority to be determined in consultation with the Secretary. Within 4 years, each State is responsible for reporting uniform data sets for each National Health Priority addressed in the State Plan.

Each State shall ensure that this State Report is available for public inspection in the State and the State Health Official shall provide copies at cost, on request, to any interested individual.

#### *Section 1910K. Responsibilities of the Secretary*

The Secretary is to establish a National Health Objectives Advisory Committee to advise him with respect to the selection, revision, implementation and evaluation of the National Health Priorities, and development and adoption of the uniform data set. The Committee is to be made of 12 members, of which (1) one member shall be the Assistant Secretary of Health, who shall serve as Chairperson, (2) two members be appointed by the Secretary from the general public, (3) one member appointed by the Administration of the Environmental Protection Agency, (4) two members appointed by the Association of State and Territorial Health Officials, (5) one member appointed by the United States Conference of Local Health Officials, (6) one member appointed by the Association of Schools of Public Health, one member appointed by the American Public Health Association, (7) the Director of the Centers for Disease Control and Prevention, and (8) the Director of the Office of Disease Prevention and Health Promotion.

The Secretary, taking into account "Year 2000 Health Objectives" developed by the Public Health Service, shall establish National Health Priorities that will form the basis for all activities that receive funding under this section. From these Priorities, the

Secretary shall establish a set of Core Priorities which must be included in each State Plan.

The Secretary shall review all State plans to assure that they meet all the requirements of the program and every three years submit to Congress and the President a National Health Objectives Report concerning data and information contained in such State reports.

The Secretary, in consultation with State and local health officials and the National Health Objectives Advisory Committee, shall establish uniform data sets for each of the national health priorities. Such data sets shall be consistent with those established under section 1906 and shall be adopted not later than 2 years after the date of enactment of this bill.

In implementing the provisions of sections 1910I, 1910J and this section, with respect to data sets and data items, the Secretary shall, to the extent practicable, reply on previously developed uniform data sets, systems and indicators.

#### SUBTITLE C—CATEGORICAL PROGRAMS

##### *Section 131. National Demonstration Projects for Women's Health*

Section 131 amends section 317(k) of the Public Health Service Act to establish national demonstration projects for women's health promotion and disease prevention activities. Grants would be provided for demonstration projects for the prevention of diseases that adversely affect women, for the promotion of women's health activities and the development and dissemination of information for health promotion and disease prevention related to issues of women's health. S. 1944 authorizes \$10,000,000 for each of the fiscal years 1992, 1993, 1994, 1995 and 1996.

##### *Section 132. Increase Injury Prevention Activities*

Section 132 of the bill amends Section 392 of the Public Health Service Act by adding new sections. The Secretary may establish a national information clearinghouse to facilitate the exchange and dissemination of information concerning the prevention and control of injuries in homes, schools, public building and other such locations not otherwise covered by the Occupational Safety and Health Act of 1970.

This section allows the Secretary to award grants for the establishment of five demonstration project in 1993 and five demonstration projects in 1994 to State or local health departments, community-based organizations and other public and nonprofit organizations to develop strategies for the prevention of injuries to children, adolescents and minorities.

The Secretary may award grants to State education departments of health and education to help public schools implement effective programs to prevent injuries and behaviors associated with unnecessary risks for injuries. The Director of the CDC will report to the Secretary concerning recommendations for injury preventing technologies and practices which have been developed and are readily available. The Secretary will use these recommendations when considering purchasing or leasing equipment for use by employees of DHHS. The Secretary shall notify the Director of GSA and to the



C&S of these same recommendations. The bill authorizes \$40,000,000 for the fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

### *Section 133. Establishment of an Office of Adolescent Health*

Section 133 of the bill amends Title III and establishes an Office of Adolescent Health. The purpose of the Office is to coordinate the diverse activities of Federal agencies as they relate to adolescents. The Office would monitor the health status of adolescents, support training of health providers who work with adolescents, establish a national adolescent advisory commission and support research projects relating to conditions and diseases unique to, more prevalent in, or neglected in adolescents.

The National Advisory Commission and the Office of Adolescent Health would develop a national strategic plan to address adolescent health issues. The National Adolescent Advisory Committee will submit to Congress two interim reports and a final report.

In addition, the Office of Adolescent Health would provide grants to community-based multi-disciplinary coalitions to develop innovative and promising intervention strategies for preventing adolescent involvement in violence or training health personnel to care for the needs of adolescents. The bill authorizes \$10,000,000 for each of the fiscal years 1992 through 1996.

### *Section 134. Improvement in Lead Poisoning Screening and Prevention*

Section 134 of the bill extends and expands the authority for the lead poisoning prevention project grants for five years. It also establishes and expands the community programs designed to provide (1) screening for elevated blood-lead levels, (2) referral for treatment, (3) referral for environmental intervention and education about the consequences of childhood lead poisoning.

The bill directs the CDC to provide information to parents regarding the source (lead-based paint, drinking water and soil), potential dangers of lead exposure during home renovations, importance of screening and preventive steps to take in order to reduce the risk of lead poisoning. The bill establishes a national lead poisoning prevention education program designed to educate health care professionals, paraprofessionals and the public about the adverse effects of lead poisoning. The bill establishes a national lead poisoning technology assessment and epidemiology program at the CDC. Grants for the development of improved methods of testing for lead poisoning that are more sensitive and specific, less invasive and more cost-effective.

The bill establishes a task force on the prevention of lead poisoning. The Task force will include the Secretary of Health and Human Services, who will serve as the Chairperson, Secretary of Housing and Urban Development, and the Administrator of the Environmental Protection Agency. Senior staff would be selected by the appropriate Secretary to carry out the duties of the Task Force. The duties of the Task Force will be to annually review, evaluate and coordinate programs related to lead poisoning, establish a mechanism for disseminating information, identify the practical and technological constraints to expanding lead poisoning pre-

vention, and make program policy and budgetary recommendations to Congress. The bill authorizes \$40,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

*Section 135. Prevention and Control of Sexually Transmitted Diseases*

Section 135 of the bill amends section 318 of the Public Health Service Act to authorize appropriations of \$120 million for fiscal year 1992 and such sums as necessary for each of the fiscal years 1993 through 1996. The authority is also amended to require an annual report on activities.

*Section 136. Screening and Early Detection of Prostate Cancer*

Section 136 of the bill amends title III of the Public Health Service Act and authorizes the establishment of a Screening and Early Detection of Prostate Cancer Program. The CDC, in collaboration with the NIH, will work towards the improvement of screening methods and programs, and early detection methods and programs. The program will evaluate and improve reporting of surveillance data. The bill authorizes \$10,000,000 for each year of the fiscal years 1992 through 1996.

*Section 137. Special Regional and National Demonstration Projects for Minority Health Promotion and Disease Prevention*

Section 137 of the bill amends title XVII of the Public Health Service Act and authorizes the establishment of regional and national health promotion and disease prevention demonstration projects that will reduce the leading causes of death, disease and disability in minority populations. The bill authorizes \$10,000,000 for each year of the fiscal years 1992, 1993, 1994, 1995 and 1996.

## TITLE II—COORDINATION OF HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

*Section 202. Health Information and Health Promotion*

Section 202 of the bill amends section 1701 of the Public Health Service Act. The bill extends the authorities for the Office of Disease Prevention and Health Promotion. The Director of the Office will:

- (1) ensure interagency and interdepartmental coordination of all activities related to health promotion and disease prevention,
- (2) coordinate Federal activities with the private sector and encourage the establishment of health promotion and disease prevention activities in the private sector,
- (3) establish a national information clearinghouse to facilitate the exchange of information,
- (4) support projects, conduct research and disseminate information,
- (5) coordinate, in collaboration with agencies within the Department and other Federal Departments and agencies, a national effort to promote health and prevent disease through



the enhancement of health related behavior, improve access to preventive health services, and health information, and

(6) report to the public, through the publication of a short, easy-to-understand annual report on key "Healthy People 2000" objective indicators and progress made toward achieving the "Healthy People 2000" objectives.

The bill ensures that appropriate priority be given to populations and groups with documented historically poor health. The bill ensures that after January 1, 1992, at least half of all new or revised health education and promotion materials developed or funded by the Department is in a form that does not exceed a level of functional literacy, as defined in the National Literacy Act of 1991. The bill authorizes \$10,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

#### *Section 203. Interdepartmental Coordinating Council*

S. 1944 amends section 1701 to establish of an Interdepartmental Coordinating Council to coordinate the school health education activities among the Department of Health and Human Services, the Department of Education and other appropriate Federal agencies. The Council will work to link national health objectives established by the Secretary with national health objectives established by the Secretary of Education and promote the establishment of multidimensional school health programs. The members of the Council shall be representative of appropriate components of the Department of Health and Human Services and the Department of Education.

#### *Section 204. Dissemination of Health Information*

Section 204 of the bill amends section 1702 of the Public Health Service Act by directing the Secretary to determine the most effective methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintaining and improve health, and prevent disease, reduce its risk, or modify its course or severity rather than determining the best methods.

#### *Section 205. Report on National Health Status Improvement*

Section 205 of the bill amends section 1705 of the Public Health Service Act to require an annual report to the Congress and the President on the status of the Nation's health. The report will contain a description of the activities carried out, effectiveness of the activities, and recommendations on appropriate legislation regarding health promotion, disease prevention, health information, preventive health services and education in the appropriate use of health care services.

#### *Section 206. Health Education Curriculum*

Section 206 of the bill amends section 1707 (b)(6) of the Public Health Service Act. The Director of the Office of Minority Health will develop model curricula and programs for health information and education for use in community and workplace settings.

### *Section 207. State Offices of Minority Health*

Section 207 of the bill amends section 1707 of the Public Health Service Act to make grants to States for the purpose of improving the health status in minority communities, through the operation of State offices of minority health. The State Offices of minority health would monitor and facilitate the achievement of the Health Objectives for the Year 2000 as they affect minority populations. The bill authorizes \$3,000,000 for fiscal year 1992, \$4 million for fiscal year 1993 and \$3 million for each of the fiscal years 1993 through 1996. No grant may be made under this section after the aggregate amounts appropriated are equal to \$10,000,000.

## TITLE III—PREVENTABLE CASES OF INFERTILITY

### *Section 301. Establishment of Program of Grants Regarding Preventable Cases of Infertility Arising as a Result of Sexually Transmitted Diseases*

Section 301 of the bill amends title III of the Public Health Service Act to establish a program that provides grants to prevent cases of infertility arising as a result of sexually transmitted diseases. The Secretary will determine annually which sexually transmitted diseases that will be treated. The authorized activities of the program include:

- (1) providing counseling to women on the prevention and control of the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease;
- (2) screening women for the disease and for secondary conditions resulting from the disease;
- (3) providing treatment to women for the diseases;
- (4) providing for the provision of necessary medical services to women screened pursuant to paragraph (2), and referrals for evaluation and treatment regarding acquired immune deficiency syndrome and other sexually transmitted diseases;
- (5) providing follow-up services to determine the outcomes of the medical services;
- (6) providing treatment services to partner;
- (7) disseminating information on the available treatment services through outreach programs;
- (8) disseminating information on prevention of the disease;
- (9) providing training to health care providers;
- (10) coordinating services and activities; and
- (11) collecting data on the incidence and prevalence of the disease.

The bill requires quality assurance, coordination of services, confidentiality, and limitation on imposition of fees for services. The bill requires an annual report which must contain: (1) the incidence of the disease among the population served by the program; (2) the number of interventions and treatments provided by the applicant; (4) impact of services on the community; and (5) any other information regarding the prevention and control of the disease.



The bill authorizes \$50,000,000 for fiscal year 1992, and such sums as necessary for each of the fiscal years 1993 through 1996.

The Secretary may make grants for the purpose of conducting research on the manner in which the delivery of services may be improved. The bill authorizes such sums as may be necessary for each of the fiscal years 1992 through 1996.

#### TITLE IV—COMPREHENSIVE MATERNAL AND EARLY CHILDHOOD HEALTH CARE

##### *Section 401. Short Title*

The short title is "The Comprehensive Maternal and Early Childhood Health Care Act."

##### *Section 402. Migrant and Community Health Center Initiatives.*

This section expands prenatal and early childhood health care services through migrant, community and homeless health care centers, authorizing the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist, and expanding the capacity of services provided for pregnant women and children up to the age of three in those centers currently receiving Comprehensive Perinatal Care Program funds. This section also authorizes the Secretary to utilize funds in excess of the amounts appropriated under paragraph (1)(A) of the Public Health Service Act (42 U.S.C. 254b(g)) for the development of new community and migrant health centers in underserved urban and rural areas with high infant mortality rates.

##### *Section 403. Expansion of Immunization Programs for Young Children*

This section increases the on-schedule immunization rates among preschool children through an expansion of the Center for Disease Control's bulk purchase program, and through demonstration grants to enhance service delivery models. Vaccines made available through the bulk purchase program are to be distributed among public health clinics and community health centers in proportion to the number of children served. Demonstration grants are authorized at \$25 million in fiscal year 1992 and such sums as necessary for each of the fiscal years 1993 through 1995.

##### *Section 404. Project Grants for Maternal and Child Preventive Health and Health Care Services*

This section authorizes the Secretary to provide grants to public health departments and public and private non-profit entities in medically underserved or health professional shortage areas for the purposes of developing and operating Comprehensive Perinatal and Early Childhood Health Programs. Authorizes such sums as necessary for each of the fiscal years 1992 through 1994.

##### *Section 405. Birth Defects Proposal*

This section calls on the Director for the Centers for Disease Control to develop a plan for implementing a National Birth Defects Monitoring System Surveillance Program for the purpose of collect-

ing and analyzing data on the incidence of birth defects. This section also authorizes the CDC to develop a plan to serve as the national clearinghouse of the collection and storage of information generated from birth defects monitoring programs and to submit a report of the plan to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives before July 1, 1993. Authorizes \$5 million for 1992 and such sums as necessary for fiscal years 1993 and 1994.

## TITLE VI—MISCELLANEOUS

### *Section 501. Establishment of an Advisory Council on Health Promotion and Disease Prevention*

Section 501 of the bill amends title XVII of the Public Health Service Act to establish a Secretary's Advisory Council on Health Promotion. The Council will be composed of (1) the Secretary, (2) recognized leaders in health promotion, academia, and industry, (3) ex officio members from the Department of Health and Human Services, the Department of Education, Department of Agriculture, the Office of Science and Technology Policy, the Surgeon Generals of all of the uniformed services, and the chief medical officer of the Department of Veterans Affairs; and (4) the members of the National Health Objectives Advisory Committee.

The Council would provide advice and recommendations to the Secretary concerning progress towards meeting the Health Objectives for the Year 2000, necessary changes in program goals and priorities.

The Secretary is authorized to transfer not to exceed one percent of any appropriation authorized under this Act to provide the funds necessary for the operation of the Council. The total amount transferred shall not exceed \$400,000 for each fiscal year.

### *Section 502. Responsibilities of the Members of the Commissioned Corps for Health Promotion and Disease Prevention*

Section 502 of the bill amends section 204 of the Public Health Service Act to require the Surgeon General of the Public Health Services to notify and instruct members of the Commissioned Corps of the Public Health Service about any guidelines or recommendations for clinical practice that are developed or issued by the Public Health Service.

The Surgeon General would monitor and ensure that these guidelines and recommendations are being appropriately utilized and implemented.

### *Section 503. Responsibilities of the Surgeon General for Disseminating Information and Recommendations*

The Secretary of Health and Human Services in consultation with the Director of the Office of Disease Prevention and Health Promotion, the Administrator of Agency for Health Care Policy and Research, and the Surgeon General would notify and inform the Surgeon Generals of all the uniformed services, the Secretary of Veterans Affairs, and the Administrator of the Office of Person-



nel Management about the guidelines or recommendations for clinical practices that are developed by the Public Health Services.

The Secretary would provide to the appropriate committees of Congress an annual report about these guidelines and recommendations.

*Sec. 504. Change in the Name of Centers for Disease Control*

Section 504 of the bill amends the Comprehensive Smoking Education Act, Education Amendments of 1978, Veterans' Benefits and Services Act of 1988, Public Health Service Act, Health Omnibus Programs Extension of 1988, Health Research Extension Act of 1985, Paint Poisoning Prevention, and Comprehensive Environmental Response Compensation and Liability Act of 1980 by striking out "Centers for Disease Center to the Centers" each place that such occurs and inserting in lieu thereof "Centers for Disease Control and Prevention."

*Section 505. Study Concerning the Reduction of the Risk of Blood-borne Disease Transmission*

The Secretary shall request the National Academy of Sciences, acting through the Institute of Medicine, to conduct a study concerning surgical technique, including oral surgery, and medical device innovation to further reduce the risk of bloodborne disease transmission in the health care setting. The study shall review techniques and medical devices used in performing various surgical and dental procedures that present a risk of percutaneous injury prevention during such procedures to further reduce the risk of bloodborne disease transmission.

Not later than 2 years after date of enactment of this Act, the Secretary shall prepare and submit to the Congress a report detailing the results of the study.

VIII. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

*PUBLIC HEALTH SERVICE ACT*

\* \* \* \* \*

**PART O—PREVENTABLE CASES OF INFERTILITY**

**SEC. 399N. INFERTILITY ARISING AS RESULT OF SEXUALLY TRANSMITTED DISEASES.**

(a) **GRANTS.**—*The Secretary may make grants to States, political subdivisions of States, and any other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the*

disease. The Secretary shall carry out this section acting through the Director of the Centers for Disease Control and Prevention.

(b) SPECIFICATION OF RELEVANT DISEASES.—

(1) *IN GENERAL.*—For each fiscal year, the Secretary shall make a determination specifying all sexually transmitted diseases that are diseases described in subsection (a).

(2) *DISEASES APPLICABLE WITH RESPECT TO GRANTEE INVOLVED.*—In making a grant under subsection (a) to an applicant for the grant, the Secretary shall make a determination in order to select, from among the diseases specified for purposes of paragraph (1) for the fiscal year involved, the particular diseases with respect to which the grant is to be made to the applicant. The Secretary may select, for purposes of the determination, any or all of the diseases so specified. The Secretary may not make such a grant unless the applicant agrees to carry out this section only with respect to the disease or diseases selected for the applicant through the determination.

(c) *AUTHORIZED ACTIVITIES.*—With respect to any sexually transmitted disease described in subsection (a), the activities referred to in such subsection are—

(1) providing counseling to women on the prevention and control of the disease, including, in the case of a woman with the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease;

(2) screening women for the disease and for secondary conditions resulting from the disease;

(3) providing treatment to women for the disease;

(4) providing for the provision of necessary medical services to women screened pursuant to paragraph (2), and referrals for evaluation and treatment regarding acquired immune deficiency syndrome and other sexually transmitted diseases;

(5) providing follow-up services to determine the outcomes of medical services;

(6) in the case of any woman receiving services pursuant to any of paragraphs (1) through (5), providing to the partner of the woman the services described in such paragraphs, as appropriate;

(7) providing outreach services to inform women of the fact that the services described in paragraphs (1) through (6) are available from the grantee involved;

(8) providing to the public, information and education on the prevention and control of the disease, including disseminating such information;

(9) providing training to health care providers in carrying out the counseling and screenings described in paragraphs (1) and (2);

(10) in the case of services and activities described in this subsection, coordinating the services and activities in accordance with subsection (g); and

(11) collecting, in accordance with subsection (k), data on the incidence and prevalence of the disease in order to assist in car-



rying out activities for the prevention and control of the disease, including activities to educate the public regarding the disease.

(d) **REQUIREMENT OF AVAILABILITY OF ALL SERVICES THROUGH EACH GRANTEE.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that each authorized service will be available through the applicant. With respect to compliance with such agreement, the applicant may expend the grant to provide any of the services directly, and may expend the grant to enter into agreements with other public or nonprofit private entities under which the entities provide the services.

(e) **REQUIRED PROVIDERS REGARDING CERTAIN SERVICES.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that, in expending the grant to provide authorized services, the services described in paragraphs (1) through (7) of subsection (c) will be provided only through entities that are State or local health departments, grantees under section 329, 330, or 1001 or are other public or nonprofit private entities that provide health services to a significant number of low-income women.

(f) **QUALITY ASSURANCE REGARDING SCREENING FOR DISEASES.**—For purposes of this section, the Secretary shall establish criteria for ensuring the quality of screening procedures for diseases described in subsection (a). The Secretary may not make a grant under such subsection unless the applicant involved agrees, with respect to any disease selected in the determination made under subsection (b)(2) for the applicant, to carry out screenings for the disease in accordance with such criteria.

(g) **COORDINATION OF SERVICES.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees to coordinate all authorized services provided through the applicant for the purpose of ensuring efficiency in the provision of the services.

(h) **CONFIDENTIALITY.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees to maintain the confidentiality of information on individuals regarding screenings of the individuals for sexually transmitted diseases, subject to complying with applicable law.

(i) **LIMITATION ON IMPOSITION OF FEES FOR SERVICES.**—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the individual involved; and

(3) will not be imposed on any individual with an income of less than 150 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(j) **LIMITATIONS ON CERTAIN EXPENDITURES.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that—

(1) in the case of the first fiscal year for which the applicant receives payments under the grant, not more than 20 percent of

the grant will be expended for the purpose of carrying out paragraphs (8) through (11) and subsection (c); and

(2) in the case of any subsequent fiscal year for which the applicant receives payments under any grant under subsection (a), not more than 15 percent of the grant will be expended for such purpose.

(k) **REPORTS TO SECRETARY.**—

(1) **COLLECTION OF DATA.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees, with respect to any disease selected in the determination made under subsection (b)(2) for the applicant, to submit to the Secretary, for each fiscal year for which the applicant receives such a grant, a report providing—

(A) the incidence of the disease among the population of individuals served by the applicant;

(B) the number and demographic characteristics of individuals in such population;

(C) the types of interventions and treatments provided by the applicant, and the health conditions with respect to which referrals have been made pursuant to subsection (c)(4);

(D) an estimate by the applicant of the effect of the services provided under the grant on the community in which the services have been provided; and

(E) providing such other information as is available to the applicant and determined by the Secretary to be relevant regarding the prevention and control of the disease.

(2) **UTILITY AND COMPARABILITY OF DATA.**—The Secretary shall carry out activities for the purpose of ensuring the utility and comparability of data collected pursuant to subparagraph (1). The Secretary may not make a grant under subsection (a) unless the applicant involved makes such agreements as the Secretary determines to be necessary for such purpose.

(l) **MAINTENANCE OF EFFORT.**—

(1) **IN GENERAL.**—With respect to activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not, subject to paragraph (2), make such a grant for any fiscal year unless the applicant agrees to maintain expenditures of non-Federal amounts for such activities to a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the first fiscal year for which the entity receives such a grant.

(2) **APPLICABILITY TO PRIVATE ENTITIES.**—In the case of a non-profit private entity making an agreement under paragraph (1), the Secretary may require the entity to comply with the agreement only to the extent of the amount of non-Federal amounts that are available to the entity for the activities to which the agreement applies.

(m) **SUBMISSION OF PLAN FOR PROGRAM OF GRANTEE.**—

(1) **IN GENERAL.**—The Secretary may not make a grant under subsection (a) unless the applicant involved submits to the Secretary a plan describing the manner in which the applicant will comply with the agreements required as a condition of receiving such a grant, including a specification of the entities



through which authorized services will be provided and a specification of the manner in which such services will be coordinated for purposes of subsection (g).

(2) *PARTICIPATION OF CERTAIN ENTITIES.*—The Secretary may not make a grant under subsection (a) unless the applicant provides assurances satisfactory to the Secretary that the plan submitted under paragraph (1) has been prepared in consultation with an appropriate number and variety of—

(A) representatives of entities in the geographic area involved that provides services for the prevention and control of sexually transmitted diseases, including programs to provide to the public information and education regarding such diseases; and

(B) representatives of entities in such area that provide family planning services.

(n) *REQUIREMENT OF APPLICATION.*—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary, the application contains the plan required in subsection (m), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(o) *DURATION OF GRANT.*—The period during which payments are made to an entity from a grant under subsection (a) may not exceed 3 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments in such year. The preceding sentence may not be construed to establish a limitation on the number of grants under such subsection that may be made to an entity.

(p) *TECHNICAL ASSISTANCE, AND SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.*—

(1) *TECHNICAL ASSISTANCE.*—The Secretary may provide training and technical assistance to grantees under subsection (a) with respect to the planning, development, and operation of any program or service carried out under such subsection. The Secretary may provide such technical assistance directly or through grants or contracts.

(2) *SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.*—

(A) Upon the request of a grantee under subsection (a), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out such subsection and, for such purpose, may detail to the grantee any officer or employee of the Department of Health and Human Services.

(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of the grant to the grantee involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

(q) *EVALUATIONS AND REPORTS BY SECRETARY.*—

(1) *EVALUATIONS.*—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to subsection (a) in order to determine the quality and effectiveness of the programs.

(2) *REPORT TO CONGRESS.*—Not later than 1 year after the date on which amounts are first appropriated pursuant to subsection (t), and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report—

(A) summarizing the information provided to the Secretary in reports made pursuant to subsection (k), including information on the incidence of sexually transmitted diseases described in subsection (a); and

(B) summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year.

(r) *COORDINATION OF FEDERAL PROGRAMS.*—The Secretary shall coordinate the activities carried out under the program established in this section with any similar activities regarding sexually transmitted diseases that are carried out under other programs administered by the Secretary, including the coordination of such activities of the Director of the Centers for Disease Control and Prevention with such activities of the Director of the National Institutes of Health.

(s) *DEFINITIONS.*—For purposes of this section, the term ‘authorized service’ means any service or activity described in subsection (c).

(t) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out this section, other than subsections (q) and (u), there are authorized to be appropriated \$50,000,000 for each of the fiscal years 1992 through 1996.

(u) *SEPARATE GRANTS FOR RESEARCH ON DELIVERY OF SERVICES.*—

(1) *IN GENERAL.*—The Secretary may make grants for the purpose of conducting research on the manner in which the delivery of services under subsection (a) may be improved. The Secretary may make such grants only to grantees under such subsection and to public and nonprofit private entities that are carrying out projects substantially similar to projects carried out under such subsection.

(2) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out paragraph (1), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1992 through 1996.

## TITLE XVII—HEALTH INFORMATION AND HEALTH PROMOTION

### GENERAL AUTHORITY

Sec. 1701. (a) The Secretary shall—

(1) \* \* \*

\* \* \* \* \*



(3) undertake and support necessary activities and programs to—

(A) \* \* \*

\* \* \* \* \*

*(D) ensure that, after January 1, 1992, at least one-half of all new or revised health education and promotion materials developed or funded by the Department is in a form that does not exceed a level of functional literacy, as defined in the National Literacy Act of 1991 (Public Law 102-73);*

[(11) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, which shall—

[(A) coordinate all activities within the Department which relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care;

[(B) coordinate such activities with similar activities in the private sector;

[(C) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and

[(D) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

The Secretary shall appoint a Director for the Office of Disease Prevention and Health Promotion established pursuant to paragraph (11) of this subsection. The Secretary shall administer this title in cooperation with health care providers, educators, voluntary organizations, businesses, and State and local health agencies in order to encourage the dissemination of health information and health promotion activities.】

*(11) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, to be headed by a director appointed by the Secretary, that shall—*

*(A) ensure interagency and interdepartmental coordination of all activities related to health promotion and disease prevention, specifically including nutrition, physical fitness, children and school health, worksite health promotion, health promotion for special populations at risk for preventable disease and disability, and other matters that involve various agencies of the Department or collaboration with other Federal departments and agencies;*

*(B) coordinate Federal activities of the type described in subparagraph (A) with similar activities conducted by the private sector and encourage the establishment of additional activities of this type in the private sector;*

*(C) establish a national information clearinghouse to—*

(i) facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care;

(ii) facilitate the access of health care providers, other providers of health information, and health care consumers to such information; and

(iii) facilitate and assist entities in the access of such information and the analysis of issues and problems relating to such matters;

(D) support projects, conduct research, and disseminate information relating to health promotion, disease prevention, preventive medicine and physical fitness and exercise;

(E) coordinate, in collaboration with agencies within the Department and other Federal Departments and agencies, a national effort to promote health and prevent disease through the enhancement of health related behavior, improve access to preventive health services, and health information, communication and education with respect to the appropriate use of health care; and

(F) report to the public, through the publication of a short, easy-to-understand annual report on key Healthy People 2000 objective indicators and on progress made toward achieving the Healthy People 2000 objectives, to—

(i) focus attention on an easily identifiable and understandable set of core health objective indicators;

(ii) highlight national, State, and individual health status indicators and cite specific examples;

(iii) stress quality of life indicators;

(iv) maximize the use of the print and electronic media to promote the health status of the United States and the Healthy People 2000 objectives;

(v) highlight priority areas where additional efforts are needed, either at the national, State, or individual level, to attain specific Healthy People 2000 objectives; and

(vi) report on the current ranking of the United States with respect to the infant mortality and life expectancy rates.

[(b) To carry out sections 1701 through 1705, there are authorized to be appropriated \$9,000,000 for the fiscal year ending September 30, 1985, \$9,500,000 for the fiscal year ending September 30, 1986, \$10,000,000 for the fiscal year ending September 30, 1987, and \$10,000,000 for each of the fiscal years 1989 through 1991.]

(b) For the purpose of carrying out this section and sections 1702 through 1705, there are authorized to be appropriated \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

\* \* \* \* \*

(d) With respect to activities carried out with amounts appropriated under this title, particular emphasis shall be placed on the target populations under each grant, contract or other activity under



this title to ensure that appropriate priority is provided to populations and groups with documented historically poor health.

(e)(1) *The Secretary, in consultation with the Secretary of Education, shall establish an interdepartmental group for coordinating activities and fostering cooperation with respect to programs concerning multidimensional school health programs, including school health education. Multidimensional school health programs may include—*

- (A) school health education;*
- (B) school-linked or school based health services designed to prevent, detect and address health problems;*
- (C) programs to create a healthy and safe school environment;*
- (D) physical education;*
- (E) healthful school food services;*
- (F) psychological assessment and counseling to promote child development and emotional health;*
- (G) schoolsite health promotion for faculty and staff; and*
- (H) integrated school and community disease prevention and health promotion efforts.*

*(2) The group established under paragraph (1) shall foster cooperation in linking national health objectives established by the Secretary with national educational goals established by the Secretary of Education, and promote the establishment of multidimensional school health programs, particularly comprehensive school education, to improve the health of American youth.*

*(3) The Secretary and the Secretary of Education, shall serve as co-chairpersons of the group established under paragraph (1). The Secretary shall appoint individuals to serve as a member of the group from among representatives of appropriate components of the Department of Health and Human Services and the Department of Education. The cochairpersons may solicit appropriate representation from other Federal departments and agencies. The Public Health Service shall provide staff support for convening the group established under paragraph (1).*

#### RESEARCH PROGRAMS

SEC. 1702. (a) The Secretary is authorized to conduct and support by grant or contract (and encourage others to support) research in [health information and] health promotion, preventive health services, and education in the appropriate use of health care. Applications for grants and contracts under this section shall be subject to appropriate peer review. The Secretary shall also—

(1) provide consultation and technical assistance to persons who need help in preparing research proposals or in actually conducting research;

[(2) determine the best methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintain and improve health, and prevent disease, reduce its risk, or modify its course or severity;]

[(3)] (2) determine and study environmental, occupational, social, and behavioral factors which affect and determine

health and ascertain those programs and areas for which educational and preventive measures could be implemented to improve health as it is affected by such factors;

[(4)] (3) develop (A) methods by which the cost and effectiveness of activities respecting health information and health promotion, preventive health services, and education in the appropriate use of health care, can be measured, including methods for evaluating the effectiveness of various settings for such activities and the various types of persons engaged in such activities, (B) methods for reimbursement or payment for such activities, and (C) models and standards for the conduct of such activities, including models and standards for the education, by providers of institutional health services, of individuals receiving such services respecting the nature of the institutional health services provided the individuals and the symptoms, signs, or diagnoses which led to provision of such services;

[(5)] (4) develop a method for assessing the cost and effectiveness of specific medical services and procedures under various conditions of use including the assessment of the sensitivity and specificity of screening and diagnostic procedures; and

[(6)] (5) enumerate and assess, using methods developed under [paragraph (5)] paragraph (4), preventive health measures and services with respect to their cost and effectiveness under various conditions of use.

#### INFORMATION PROGRAMS

SEC. 1704. The Secretary is authorized to conduct and support by grant or contract (and encourage others to support) such activities as may be required to make information respecting health information and health promotion, preventive health services, and education in the appropriate use of health care available to the consumers of medical care, providers of such care, schools, and others who are or should be informed respecting such matters. Such activities may include at least the following:

(1) \* \* \*

\* \* \* \* \*

(6) *A determination of the most effective methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintain and improve health, and prevent disease, reduce risk, or modify its course or severity.*

#### REPORT AND STUDY

SEC. 1705. [(a)] The Secretary shall, not later than two years after the date of the enactment of this title and annually thereafter, submit to the President for transmittal to Congress a report on the status of health information and health promotion, preventive health services, and education in the appropriate use of health care. Each such report shall include—

[(1)] a statement of the activities carried out under this title since the last report and the extent to which each such activity achieves the purposes of this title;



[(2) an assessment of the manpower resources needed to carry out programs relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, and a statement describing the activities currently being carried out under this title designed to prepare teachers and other manpower for such programs;

[(3) the goals and strategy formulated pursuant to section 1701(a)(1), the models and standards developed under this title, and the results of the study required by subsection (b) of this section; and

[(4) such recommendations as the Secretary considers appropriate for legislation respecting health information and health promotion, preventive health services, and education in the appropriate use of health care, including recommendations for revisions to and extension of this title.]

(a) *The Secretary shall annually prepare and submit to the President, for subsequent transmittal to the appropriate committees of Congress, a report concerning the status of the nation's health. Each such report shall include—*

*(1) a description of the activities carried out under this title for the period for which the report is being submitted and the extent to which each such activity achieves the purpose of the title;*

*(2) a description of the goals and strategy formulated pursuant to section 1701(a)(1), the model standards developed under this title, and the results of the study conducted under subsection (b) of this section;*

*(3) an analysis of the manner in which the health status of the nation has changed since during the period for which the report is submitted, including information concerning the nation's health status according to the national health status indicators developed under section 5 of the Year 2000 National Health Objectives Planning Act (Public Law 101-582); and*

*(4) such recommendations as the Secretary considers appropriate for legislation with respect to health promotion, disease prevention, health information, preventive health services, and education in the appropriate use of health care, including recommendations for revisions and extensions of this title.*

\* \* \* \* \*

#### CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 1706. (a) \* \* \*

\* \* \* \* \*

(c)(1) \* \* \*

\* \* \* \* \*

(B) The Secretary, through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* and in consultation with the Director of the National Institutes of Health, shall establish procedures for the appropriate peer review of appli-

cations for grants and contracts under this section by peer review groups composed principally of non-Federal experts.

\* \* \* \* \*

(e) To carry out this section, there are authorized to be appropriated [\$3,000,000 for the fiscal year ending September 30, 1985, \$8,000,000 for the fiscal year ending September 30 1986, \$13,000,000 for the fiscal year ending September 30, 1987, \$6,000,000 for fiscal year 1989, \$8,000,000 for fiscal year 1990, and \$10,000,000 for fiscal year 1991.] *\$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.*

#### ESTABLISHMENT OF OFFICE OF MINORITY HEALTH

SEC. 1707. (a) \* \* \*

\* \* \* \* \*

(D) materials for public service use by the print and broadcast media; [and]

(E) materials and programs to assist health care professionals in providing health education to their patients; and

(F) *the development of model curricula and programs for health information and education for use in community and workplace settings.*

\* \* \* \* \*

#### SEC. 1707A. SPECIAL REGIONAL AND NATIONAL DEMONSTRATION PROJECTS FOR MINORITY HEALTH PROMOTION AND DISEASE PREVENTION.

(a) **GRANTS.**—*The Secretary, acting through the Assistant Secretary of Health, shall award grants to States, political subdivisions of States, public or nonprofit community-based organizations, and other public and nonprofit private entities for the establishment of demonstration projects for the prevention of diseases that disproportionately affect minorities.*

(b) **PRIORITY.**—*In awarding grants for projects under subsection (a), the Secretary shall give priority to projects that are designed to address the leading causes of death, disease and disability in minority populations, including cancer, cardiovascular disease, diabetes, violence, homicide, and tobacco use.*

(c) **APPLICATION.**—*To be eligible to receive a grant under this section, an entity of the type described in subsection (a) shall prepare and submit to the Secretary an application, at such time, in such form, and containing such information as the Secretary determines appropriate.*

(d) **AUTHORIZATION OF APPROPRIATIONS.**—*There are authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.*

#### SEC. 1708. GRANTS TO STATES FOR OPERATION OF OFFICES OF MINORITY HEALTH.

(a) **IN GENERAL.**—*The Secretary, acting through the Deputy Assistant Secretary for Minority health (as established under section 1707), may make grants to States for the purpose of improving the health status in minority communities, through the operation of*



State offices of minority health established to monitor and facilitate the achievement of the Health Objectives for the Year 2000 as they affect minority populations.

(b) **CERTAIN REQUIREMENT FOR STATES.—**

(1) **MINIMUM QUALIFICATIONS.—**The Secretary may not make a grant to a State under subsection (a) unless such State receives, under any provision of this Act other than subsection (a), one or more grants, cooperative agreements, or contracts for the fiscal year for which the State is applying pursuant to subsection (g) to receive a grant under subsection (a).

(2) **ADMINISTRATION OF PROGRAM.—**The Secretary may not make a grant to a State under subsection (a) unless such State agrees that the program carried out by the State with amounts received under the grant will be administered directly by a single State agency.

(c) **CERTAIN REQUIRED ACTIVITIES.—**The Secretary may not make a grant to a State under subsection (a) unless such State agrees that activities carried out by an office operated under the grant received pursuant to such subsection will—

(1) establish and maintain within the State a clearinghouse for collecting and disseminating information on—

(A) minority health care issues;

(B) research findings relating to minority health care; and

(C) innovative approaches to the delivery of health care and social services in minority communities;

(2) coordinate the activities carried out in the State that relate to minority health care, including providing coordination for the purpose of avoiding redundancy in such activities; and

(3) identify Federal and State programs regarding minority health, and providing technical assistance to public and non-profit entities regarding participation in such program.

(d) **REQUIREMENT REGARDING ANNUAL BUDGET FOR OFFICE.—**The Secretary may not make a grant to a State under subsection (a) unless such State agrees that, for any fiscal year for which the State receives such a grant, the office operated under such grant will be provided with an annual budget of not less than \$50,000.

(e) **CERTAIN USES OF FUNDS.—**

(1) **RESTRICTIONS.—**The Secretary may not make a grant to a State under subsection (a) unless such State agrees that—

(A) if research with respect to minority health is conducted pursuant to the grant, not more than 10 percent of the amount received under the grant will be expended for such research; and

(B) amounts provided under the grant will not be expended—

(i) to provide health care (including providing cash payments regarding such care);

(ii) to conduct activities for which Federal funds are expended—

(I) within the state to provide technical and other non-financial assistance under subsection (m) of section 340A;

(II) under a memorandum of agreement entered into with the State under subsection (h) of such section;

(III) under a grant under section 388I;

(iii) to purchase medical equipment, to purchase ambulances, aircraft, or other vehicles, or to purchase major communications equipment;

(iv) to purchase or improve real property; or

(v) to carry out any activity regarding a certificate of need.

(2) **AUTHORITIES.**—Activities for which a State may expend amounts received under a grant under subsection (a) include—

(A) paying the costs of establishing an office of minority health for purposes of subsection (a);

(B) subject to paragraph (1)(B)(ii)(III), paying the costs of any activity carried out with respect to recruiting and retaining health professionals to serve in minority communities in the State; and

(C) providing grants and contracts to public and non-profit private entities to carry out activities authorized in this section.

(f) **REPORTS.**—The Secretary may not make a grant to a State under subsection (a) unless such State agrees—

(1) to submit to the Secretary reports containing such information as the Secretary may require regarding activities carried out under this section by the State; and

(2) to submit such a report not later than January 10 of each fiscal year immediately following any fiscal year for which the State has received such a grant.

(g) **REQUIREMENT OF APPLICATION.**—The Secretary may not make a grant to a State under subsection (a) unless an application for the grant is submitted to the Secretary and the application in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out such subsection.

(h) **NONCOMPLIANCE.**—The Secretary may not make payments under subsection (a) to a State for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the State has complied with each of the agreements made by the State under this section.

(i) **DEFINITIONS.**—For purposes of making grants under subsection (a) there are authorized to be appropriated \$3,000,000 for fiscal year 1992, \$4,000,000 for fiscal year 1993, \$3,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1996.

(2) **AVAILABILITY.**—Amounts appropriated under paragraph (1) shall remain available until expended.

(k) **TERMINATION OF PROGRAM.**—No grant may be made under this section after the aggregate amounts appropriated under subsection (j)(1) are equal to \$10,000,000.



**SEC. 1709. SECRETARY'S ADVISORY COUNCIL.**

(a) *IN GENERAL.*—The Secretary shall establish an advisory council on health promotion and disease prevention to be known as the Secretary's Advisory Council on Health Promotion and Disease Prevention (hereafter referred to in this section as the "Council").

(b) *COMPOSITION.*—The Council shall be composed of—

(1) the Secretary;

(2) recognized leaders in health promotion, academia, industry, non-profit private organizations and representatives of health care consumer groups, to be appointed by the Secretary;

(3) ex officio members who shall include representatives of—

(A) the Department of Health and Human Services as designated by the Secretary;

(B) the Department of Education;

(C) the Department of Agriculture;

(D) the Office of Science and Technology Policy;

(E) the Surgeon Generals of all of the uniformed services; and

(F) the chief medical officer of the Department of Veterans Affairs; and

(4) the members of the National Health Objectives Advisory Committee established under section 1910K.

(c) *DUTIES.*—The Council shall provide advice and recommendations to the Secretary concerning the goals and priorities of the Department relating to health promotion, disease prevention, preventive health services and the objectives established by the Secretary for the health status of the population of the United States under section 1906(d). The Council may also direct that recommendations for changes in priorities or programs be prepared and submitted to the Congress and the President.

(d) *FUNDING.*—The Secretary is authorized to transfer not to exceed one percent of any appropriation authorized under this Act to provide the funds necessary for the operation of the Council. The total amount transferred under this subsection shall not exceed \$400,000 for each fiscal year.

**SEC. 1710. DISSEMINATION OF PREVENTION RECOMMENDATIONS.**

The Secretary, in consultation with the Assistant Secretary for Health, the Director of the Office of Disease Prevention and Health promotion, the Surgeon General of the Public Health Care Policy and Research, shall inform the Surgeon Generals of all the uniformed services, the Secretary of Veterans Affairs, and the Administrator of the Office of Personnel Management concerning any guidelines or recommendations for clinical practice that are developed by the Public Health Service. The Secretary shall annually prepare and submit to the appropriate committees of Congress, a report describing all such recommendations transmitted under this section.

## TITLE XIX—BLOCK GRANTS

## [PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT] PART A—PREVENTIVE HEALTH AND NATIONAL HEALTH OBJECTIVES GRANTS

*Subpart 1—Preventive Health and Health Services Block Grant*

## AUTHORIZATION OF APPROPRIATIONS

SEC. 1901. (a) For the purpose of allotments under section 1902, there is authorized to be appropriated [ \$95,000, for fiscal year 1982, \$96,500,000 for fiscal year 1983, \$98,500,000 for fiscal year 1984, \$98,500,000 for fiscal year ending September 30, 1985, \$98,500,000 for fiscal year ending September 30, 1986, \$98,500,000 for fiscal year ending September 30, 1987, \$110,000,000 for fiscal year 1989, and such sums as may be necessary for each of the fiscal years 1990 and 1991. ] \$275,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

(b) Of the amount appropriated for any fiscal year under subsection (a), [at least \$3,500,000] *at least \$7,000,000* shall be made available for allotments under section 1902(b).

(c) *Notwithstanding any other provision of this subtitle and subject to the provisions of subsection (b), if amounts appropriated under subsection (a) for any fiscal year exceed \$150,000,000 all of such amounts shall be used to carry out subpart 2 for such fiscal year.*

## USE OF ALLOTMENTS

SEC. 1904. (a)(1) Except as provided in subsections (b) [and (c)] (c), (e), and (f), amounts paid to a State under section 1903 from its allotment under section 1902(a) and amounts transferred by the State for use under this part may be used for the following:

\* \* \* \* \*

(e) *Each State that receives payments under section 1903 shall demonstrate that a portion of such payments are being utilized in each fiscal year for health promotion and disease prevention activities related to women's health problems, such as osteoporosis, physical abuse, diabetes and tobacco use.*

## APPLICATION AND DESCRIPTION OF ACTIVITIES

SEC. 1905. (a) \* \* \*

\* \* \* \* \*

(c) As part of the annual application required by subsection (a), the chief executive officer of each State shall certify that the State—

(1) \* \* \*

\* \* \* \* \*

(6) has in effect a system to protect from inappropriate disclosure patient and sex offense victim records maintained by the State in connection with an activity funded under this part



or by any entity which is receiving payments from the allotment of the State under this part; [and]

(7) agrees to provide the officer of the State government responsible for the administration of the State highway safety program with an opportunity to—

(A) participate in the development of any plan by the State relating to emergency medical services, as such plan relates to highway safety; and

(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services as such proposal relates to highway safety.

The Secretary may not prescribe for a State the manner of compliance with the requirements of this subsection [.] ; and

*(8) agrees that continuing education credits in the utilization of universal precautions, and infection control procedures for the prevention of bloodborne disease transmission, shall be required as part of those credits required for health professional relicensure.*

(d) The chief executive officer of a State shall, as part of the application required by subsection (a), also prepare and furnish the Secretary (in accordance with such form as the Secretary shall provide) with a description of the intended use of the payments the State will receive under section 1903 for the fiscal year for which the application is submitted, including information on the programs and activities to be supported and services to be provided. The description shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and after its transmittal. The description shall be revised (consistent with this section) throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State under this part, and any revision shall be subject to the requirements of the preceding sentence. [The description shall include a statement of the public health objectives expected to be achieved by the State through the use of the payments the State will receive under section 1903.] *The description shall include, a summary of the manner in which the funds will be allocated under section 1904(a)(1), and which health status indicators (as described in section 1905(d)) such allocations are intended to address. The description shall also include prior year information concerning the State's health status according to the health status indicators (as described in section 1906(d)).*

#### REPORTS AND AUDITS

SEC. 1906. [(a)(1) Each State shall prepare and submit to the Secretary annual reports on its activities under this part. Such reports shall be in such form and contain such information as the Secretary determines (after consultation with the States and the Comptroller General) to be necessary (A) to determine whether funds were expended in accordance with this part and consistent with the needs within the State identified pursuant to section 1905(c),<sup>1</sup> (B) to secure a description of the preventive health and preventive

health services programs in the State assisted by funds from allotments under this part, including a summary of the services which were provided, the providers of such services, and the individuals who received such services, and (C) to secure a record of the purposes for which funds were spent, of the recipients of such funds, and of the progress made toward achieving the purposes for which the funds were provided. Copies of the report shall be provided upon request, to any interested person (including any public agency).

[(2) In determining the information that States must include in the report required by this subsection, the Secretary may not establish reporting requirements that are burdensome.

[(3) Each annual report required in paragraph (1) shall include—

[(A) information and data on the number of individuals who received services provided through the use of payments under section 1903, the types of such services provided, the types of health care providers that delivered such services, and the cost of each type of such service;

[(B) such other information and data as the Secretary may require; and

[(C) an evaluation of the extent to which such services have been effective toward meeting the public health objectives described in the statement submitted to the Secretary pursuant to section 1905(d).]

*(a)(1) Each State receiving an allotment, and each entity receiving a grant, under this part shall prepare and submit to the Secretary an annual report concerning the activities carried out by such State or grantee with amounts received under this part. Such reports shall described the services provided using such amounts in accordance with subsections (a) and (e) of section 1904.*

*(2) The Secretary, acting through the Centers for Disease Control and Prevention and in consultation with the States and the National Health Objectives Advisory Committee, shall develop uniform data items and data formats for the annual reports required under paragraph (1). Such uniform data items and formats shall constitute the minimum requirements that States must meet in submitting annual reports under paragraph (1).*

*(3) In addition to complying with the uniform data item and format requirements of paragraph (2), an annual report submitted under paragraph (1) shall specifically provide if readily available—*

*(A) the number of individuals provided with services in the service areas designated under subsections (a) and (e) of section 1904;*

*(B) the percentage of minorities and disadvantaged individuals served within each of the service areas described in subparagraph (A); and*

*(C) any other demographic information that the Secretary, after consultation with the States, determines appropriate.*

\* \* \* \* \*

(b)(1) \* \* \*

\* \* \* \* \*



(6) Not later than October 1, 1990, the Secretary shall report to the Congress on the activities of the States that have received funds under this part and may include in the report any recommendations for appropriate changes in legislation.

\* \* \* \* \*

[(d) The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part to enable States to share uniform data and information with respect to the provision of such services.]

*(d) The Secretary, in consultation with the States and the National Health Objectives Advisory Committee, shall periodically update a set of priority national health status indicators, to be used to evaluate and monitor the overall health of the United States and of selected subgroups within the United States.*

*(e)(1) The Secretary shall determine the capability of each State to evaluate and submit a report, in a uniform format, concerning the health status of the State as measured in terms of the health objectives parameters as described in subsection (d).*

*(2)(A) Except as provided in subparagraph (B), with respect to a State that is determined by the Secretary under paragraph (1) to be unable to adequately evaluate its health status, such State shall be required to utilize not more than 10 percent of the amounts paid to the State under section 1903 for a fiscal year to develop the capacity to make such an evaluation. Amounts under section 1903 shall be so utilized until such time as the Secretary determines that such capacity has been achieved by the State.*

*(B) The Secretary may waive the requirement of subparagraph (A) in the case of a State, territory or Indian tribe that is determined by the Secretary to be unable to develop the capacity required under paragraph (1) through the utilization of the funds required under such subparagraph.*

*(3) With respect to entities that are eligible to receive grants under this part, that apply for such grants, and that the Secretary determines do not have the resources to efficiently establish the capacity for evaluating their health status as provided for in paragraph (1), the Secretary, in consultation with the State agencies, may provide technical assistance to enable such entities to make such evaluations and such entities shall be exempt from the requirements of paragraph (1).*

*(4) An entity described in paragraph (3) shall indicate in the annual report submitted by such entity under subsection (a) the status of such entity under such paragraph and the Secretary shall review such status once during every 3-year period.*

*(f) Not later than 3 years after the date of enactment of this subsection, and every 3 years thereafter, the Secretary shall prepare and submit a report to Congress concerning the activities of the State that have received funds under this part. Such report shall include State compilations of the information contained in the reports prepared under subsection (a), and any recommendations for appropriate changes in legislation necessary to facilitate improvement in the health status indicators described in subsection (d), facilitate the implementation of the State plans described in subsection (a)(3)(A)*

and ensure compliance with section 1905(c)(8), and to facilitate other changes determined appropriate by the Secretary under this part.

#### **SEC. 1910A. TRAINING.**

(a) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, to the extent appropriations are available, provide assistance for the professional training of public health personnel, including—

(1) the identification of new knowledge bases and skills for State and local public health personnel that are reasonably necessary and appropriate to permit the States to achieve the national health priorities; and

(2) encouraging the training and education of appropriate numbers of such personnel, including racial and ethnic minority personnel, in such knowledge bases and skills, including cross cultural skills, by establishing cooperative agreements with schools of public health, schools of nursing, schools of medicine, and other institutions that train and educate such personnel; and

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

### **Subpart 2—National Health Objectives Project Grants to States**

#### **SEC. 1910D. OPERATION OF SUBPART.**

The Secretary, in accordance with subsection (c) of section 1901, shall use amounts appropriated under subsection (a) of such section for a fiscal year to carry out this subpart in such fiscal year.

#### **SEC. 1910E. DEFINITIONS AND ADMINISTRATION.**

(a) **DEFINITIONS.**—As used in this subpart:

(1) **ADVISORY COMMITTEE.**—The term “Advisory Committee” means the National Health Objectives Advisory Committee established under section 1910K(a).

(2) **CORE PRIORITIES.**—The term “core priorities” means the three national health priorities that are designated by the Secretary as “core national health priorities” and that must be included in the State health objectives provided in the State health objectives plan of each State.

(3) **NATIONAL HEALTH PRIORITIES.**—The term “national health priorities” means the priorities established under section 1910K(b).

(4) **STATE AGENCY.**—The term “State agency” means the department, agency, commission, or other entity designated and vested with authority under State law over matters concerning public health.

(5) **STATE PLAN.**—The term “State plan” means the health objectives plan of a State submitted under section 1910I.

(6) **STATE REPORT.**—The term “State report” means the annual report of a State required under section 1910J.

(b) **ADMINISTRATION.**—The Secretary shall carry out this subpart through the Centers for Disease Control and Prevention.



**"SEC. 1910F. ALLOTMENTS.**

(a) *IN GENERAL.*—Amounts available pursuant to section 1910D for each fiscal year shall be utilized to make allotments in accordance with subsections (b), (c), and (d).

(b) *FORMULA.*—The amount of an allotment to a State under subsection (a) shall be equal to the amount of the allotment for such State under section 1902 for fiscal year 1992.

(c) *REMAINDER.*—From the remainder of the amounts available pursuant to section 1910D, the Secretary shall allot in each fiscal year to each State an amount that equals—

(1) \$12,500, if the population of the State does not exceed 50,000;

(2) \$37,500, if the population of the State exceeds 50,000 but does not exceed 450,000;

(3) \$500,000, if the population of the State exceeds 450,000 but does not exceed 1,000,000;

(4) \$750,000, if the population of the State exceeds 1,000,000 but does not exceed 3,000,000;

(5) \$1,000,000, if the population of the State exceeds 3,000,000 but does not exceed 6,000,000;

(6) \$1,250,000, if the population of the State exceeds 6,000,000 but does not exceed 10,000,000;

(7) \$1,500,000, if the population of the State exceeds 10,000,000 but does not exceed 15,000,000; and

(8) \$2,000,000, if the population of the State exceeds 15,000,000.

(d) *RELATIVE POPULATION.*—To the extent that all amounts available for allotment under subsection (a) for each fiscal year are not otherwise allotted to States under subsection (c), such excess shall be allotted to each State in an amount that bears the same ratio to such excess amount for such fiscal year as the total population of the States bears to the population of all States.

(e) *ADJUSTMENT.*—If for any fiscal year the amount available under section 1910D is less than the total of all amounts listed under subsection (b), the amount allotted to each State shall be an amount that bears the same ratio to the total of all amounts available for allotment under such section as the amount of the allotment that the State is entitled to under subsection (b) bears to the total of all such amounts under such paragraph.

(f) *INDIANS.*—

(1) *IN GENERAL.*—If the Secretary—

(A) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this subpart be provided directly by the Secretary to such tribe or organization; and

(B) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this subpart; the Secretary shall reserve from amounts which would otherwise be allotted to such State under subsection (a) for the fiscal year the amount determined under paragraph (2).

(2) *ELIGIBILITY.*—For an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this subsection, it

shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.

(3) *DEFINITIONS.*—As used in this subsection, the terms “Indian tribe” and “tribal organization” shall have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

#### SEC. 1910G. PAYMENTS UNDER ALLOTMENTS TO STATES.

##### (a) *IN GENERAL.*—

(1) *PLAN REQUIREMENT.*—For each fiscal year, the Secretary shall make payments from amounts available under section 1910D for that fiscal year, as provided for in section 6503(a) of title 31, United States Code, to each State, if such State has submitted an approved State plan, from its allotment under section 1910F.

(2) *CARRYOVER FUNDS.*—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which it was made.

##### (b) *SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.*—

###### (1) *IN GENERAL.*—

(A) *AIDING GRANTEE IN CARRYING OUT DUTIES.*—Upon the request of a grantee under subsection (a), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out such subsection and, for such purposes, may detail to the grantee any officer or employee of the Department of Health and Human Services.

(B) *LIMITATION.*—With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of the grant to the grantee involved by an amount equal to the costs of detailing personnel and fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

(2) *USE OF REDUCTION.*—The amount by which any payment is reduced under paragraph (1) shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be considered to be part of the payment and to have been paid to the State.

#### SEC. 1910H. USE OF ALLOTMENTS.

(a) *STATE PLAN.*—A State shall utilize amounts paid to it under section 1910G, from the allotment of such State under section 1910G, from the allotment of such State under section 1910F, to develop and implement of State plan, in accordance with section 1910I, in order to—

(1) develop and collect data to assess the public health needs and health status of the individuals, including minorities, that reside in the State;

(2) provide assistance for planning necessary to assist projects and programs to be included in the State plans;



(3) provide assistance to projects and programs described in the State plan; and

(4) make appropriate State data and the State plan available to local health departments to facilitate improved local planning.

(b) **LIMITATIONS.**—A State shall not use amounts paid to it under section 1910G, to—

(1) provide inpatient services;

(2) make cash payments to intended recipients of health services;

(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) and building or other facility, or purchase major medical equipment; or

(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

(c) **ADMINISTRATION.**—Not more than 10 percent of the total amount paid to a State under section 1910G from the State allotment under section 1910F for any fiscal year shall be used for administering the funds made available under section 1910G. The State shall pay from non-Federal sources any additional costs of administering such funds. For purposes of this subsection, the term 'administration' shall not be construed to include collection or assessment of data or assistance provided by States for the planning or implementation of projects and programs.

#### **SEC. 1910I. STATE HEALTH OBJECTIVES PLAN AND DESCRIPTION OF ACTIVITIES.**

(a) **IN GENERAL.**—To receive a payment under section 1910G from the State allotment for a fiscal year under section 1910F, a State shall prepare and submit, to the Secretary, a State health objectives plan at such time, in such manner, and containing such information as the Secretary shall require. Such State plan shall—

(1) be developed by the State health agency in consultation with the State Health Objectives Advisory Committee established under subsection (b);

(2) meet the requirements of subsection (c); and

(3) contain assurances satisfactory to the Secretary that the State will met the requirements of subsection (d).

(b) **ADVISORY COMMITTEE.**—

(1) **ESTABLISHMENT.**—Not later than 6 months after the enactment of this subpart, each State shall establish a State Health Objectives Advisory Committee, that shall be chaired by the State health officer, and shall consist of members of the public and health directors that represent local health departments.

(2) **REPRESENTATIVES.**—States are encouraged to include entities receiving grants under this subpart, representatives of community-based organizations including minority community-based organizations, and a representative of an academic institution that trains public health professionals, as part of the State committee established under paragraph (1).

(3) **MEETINGS.**—The State Health Objectives Advisory Committee shall meet not less than twice each year.

(4) *RESPONSIBILITIES.*—The Advisory Committee established under paragraph (1) shall review and make recommendations to the State health agency concerning—

(A) health assessment and policy development and assurance functions associated with the program established under this subpart; and

(B) State plans, data collection efforts, the establishment of State health objectives, coordination of efforts funded under this subpart, coordination with other similar programs, public hearings, and the allocation of funds within the State annual report.

(c) *REQUIREMENTS.*—A State plan submitted under subsection (a) shall—

(1) be developed in consultation with the State Health Objectives Committee;

(2) contain a specific set of not less than five State health objectives that shall be chosen from the national health priorities described by the Secretary under section 1910K, and that shall include all core priorities identified under such section;

(3) contain an annual budget that describes the manner in which the payments made under section 1910G are to be used by the State, and such budget shall—

(A) specify the portion of such funds that are to be used at each level of the State or local government, and the portion of such funds that are to be allocated for grants to local agencies of public health, community-based organizations, including minority community-based organizations, voluntary nonprofit health organizations, and other entities selected by the State help meet State objectives under paragraph (7); and

(B) commit the State to use not less than 80 percent of such payments to meet State objectives that, as determined by the State agency after an analysis of the national health priorities, and based on the available State data described in paragraph (4), are critical to improving the health status of the individuals who reside within the State;

(4) in terms of each State objective—

(A) provide assurances satisfactory to the Secretary that there is a minimum set of data available to satisfactorily measure the health status of individuals including racial and ethnic minorities, who reside within the State;

(B) utilize the data described in subparagraph (A) to identify the improvement that the State expects to make in the health status of individuals who reside within the State during the term of the State plan;

(C) specify the particular strategies, projects and programs intended to be used by the State to improve the health status of individuals who reside within the State;

(D) specify the methods intended to be used by the State to evaluate the progress made by the State in improving the health status of individuals who reside within the State; and

(E) provide service targeted at improving the health status of individuals who reside within the State at the



level of State or local government that the State determines are most likely to be effective in achieving the State objectives especially with respect to addressing inner city and rural disparities in health status indicators;

(5) provide for the establishment of practices and procedures through which the State shall assist local health agencies in the development of community health plans and to monitor the progress of local health agencies, community-based organizations, including minority community-based organizations, and health organizations in implementing the State objectives;

(6) identify public health personnel requirements that the State determines are reasonably necessary and appropriate to permit the State to achieve the State objectives;

(7) identify the mechanism by which the State shall select, and allocate assistance provided under this subpart to local units of government, local agencies of public health, community-based health, including minority community-based organizations, voluntary nonprofit health organizations, and other entities within the State to help meet the State objectives;

(8) contain a description (that may be revised throughout the year as may be necessary to reflect substantial changes in the projects and programs assisted by the State) of the intended use of the payments the State will receive under section 1910G for the fiscal year for which the State plan is submitted, including information concerning the projects and programs to be supported and services to be provided, which shall be made available to the public within the State in a manner that will facilitate comment from any individual during the period of the development of the description and after the transmittal of such; and

(9) contain a plan for conducting health education and disease prevention programs for identifying racial and ethnic communities.

(d) **ASSURANCES.**—As part of the plan required under subsection (a), a State shall provide assurances satisfactory to the Secretary that such State—

(1) shall use the amounts allotted to it under section 1910F in accordance with the requirements of the State plan and of this subpart;

(2) shall establish reasonable criteria for the evaluation of the effective performance of entities that receive assistance from the allotment to the State under this subpart;

(3) shall identify those populations including racial and ethnic minorities, areas, and localities in the State that demonstrate a need for the services for which funds may be provided by the State under this subpart;

(4) shall use amounts made available under section 1910G for any period to supplement and increase the level of State, local, and other Federal assistance that would, in the absence of amounts available under section 1910G, be made available for the programs and activities for which funds are provided for under this subpart, and shall not use funds made available under this subpart to supplant such State, local, and other Federal funds; and

(5) shall require the State Health Objectives Advisory committee to consult with community-based minority organizations.

#### **SEC. 1910J. STATE HEALTH OBJECTIVES REPORT.**

(a) *IN GENERAL.*—Not later than 120 days after the end of each fiscal year for which assistance is provided under this subpart each State, in cooperation with participating local units of government, shall prepare and submit, to the Secretary, an annual State health objectives report concerning the activities of the State under this subpart, that meets the requirements of this section.

(b) *REQUIREMENTS.*—A State report submitted under subsection (a) shall be in such form and contain such information as the Secretary determines, after consultation with the heads of the State agencies and the Comptroller General, to be necessary—

(1) to determine whether funds were expended by the State in accordance with this subpart and consistent with the needs within the State as proscribed in the State plan;

(2) to secure a description of the projects and programs within the State operated or assisted with amounts provided under allotments made under this subpart; and

(3) to secure a record of—

(A) the purposes for which amounts provided under this subpart were expended;

(B) the recipients of such funds; and

(C) the progress made toward achieving the purposes for which such funds were provided.

(c) *UNIFORM DATA ITEM.*—A State report submitted under subsection (a) shall include information concerning at least one uniform data item on each national health priority described in section 1910K(b) to be determined in consultation with the Secretary.

(d) *UNIFORM DATA SETS.*—Each State shall report uniform data sets, as prescribed by the Secretary under section 1919K(f), for each national health priority addressed in the State plan that shall commence not later than 4 years after the date of enactment of this subpart.

(e) *ADDITIONAL CONTENTS.*—The Secretary may require States to include additional information in the State report submitted under this section.

(f) *AVAILABILITY.*—The State shall ensure that the State report is available for public inspection within the State, and the State Health Official shall provide copies at cost, on request, to any interested individual.

#### **SEC. 1910K. RESPONSIBILITIES OF THE SECRETARY.**

(a) *ADVISORY COMMITTEE.*—

(1) *ESTABLISHMENT.*—Not later than 3 months after the enactment of this subpart, the Secretary, acting through the Assistant Secretary for Health, shall establish an advisory committee, to be known as the “National Health Objectives Advisory Committee”, to advise the Secretary concerning national health priorities.

(2) *COMPOSITION.*—The Advisory Committee shall be composed of 12 members, of which—



(A) one member shall be the Assistant Secretary for Health, who shall serve as the chairperson of the Advisory Committee;

(B) two members shall be appointed by the Secretary from the general public;

(C) one member shall be appointed by the Administrator of the Environmental Protection Agency;

(D) two member shall be appointed by the Association of State and Territorial Health Officials;

(E) one member shall be appointed by the National Association of County Health Officials;

(F) one member shall be appointed by the United States Conference of Local Health Officials;

(G) one member shall be appointed by the Association of Schools of Public Health;

(H) one member shall be appointed by the American Public Health Association;

(I) one member shall be the Director of the Centers for Disease Control and Prevention; and

(J) one member shall be the Director of the Office of Disease Prevention and Health Promotion.

(3) **MEETING AND DUTY.**—The Advisory Committee shall meet not less than once each year for the purpose of providing advice to the Secretary concerning the selection, revision, implementation, and evaluation of the national health priorities, and the development and adoption of the uniform data set.

(b) **NATIONAL HEALTH PRIORITIES.**—The Secretary, in consultation with the heads of other Federal agencies and the Advisory Committee, and taking into account the 'Year 2000 Health Objectives' developed by the United States Public Health Service, shall establish—

(1) national health priorities that shall form the basis for all activities that receive assistance under this subpart;

(2) from the priorities established under paragraph (1), a set of three core priorities that shall be included in each State plan; and

(3) in cooperation with other appropriate national organizations, an estimate of the personnel and training that will be needed throughout the United States to accomplish the priorities established under paragraph (1).

(c) **REVIEW OF STATE PLANS.**—The Secretary shall review each proposed State plan, and each proposed amendment thereto, submitted by a State under section 1910I, and approve each such plan or amendment, or each portion of such plan or amendment, that the Secretary determines complies with the requirements of this subpart.

(d) **STATE REPORT.**—The Secretary shall receive and review each State report submitted by a State under section 1910J, and shall compile, evaluate, and prepare and submit, every 3 years, to the appropriate Committees of Congress and the President, an annual national health objectives report concerning the data and information contained in such State report.

(e) **OTHER ASSISTANCE.**—The Secretary shall provide consultation, guidance, and technical assistance to State, and through State to local units of government, and to other entities participating in the programs created under the subpart, to—

(1) assist in the development of data sets as required under section 1910I, and uniform data items required under section 1910J; and

(2) assist States with the development of local and State plans, or amendments to such plans, that the Secretary determines does not comply with the requirements of this subpart, in revising such plans or amendments to comply with the requirements of this subpart.

(f) **UNIFORM DATA SETS.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with State and local health officials and the National Health Objectives Advisory Committee, shall establish uniform data sets for each of the national health priorities described in subsection (b). Such data sets shall be consistent with those established under section 1906 and shall be adopted not later than 2 years after the date of the enactment of this subpart.

(g) **IMPLEMENTATION.**—In implementing the provisions of sections 1901I, 1910J and this section, with respect to data sets and data items, the Secretary shall, to the extent practicable, rely on previously developed uniform data sets, systems and indicators.

(h) **REPORT TO CONGRESS.**—Not later than 3 years after the date of enactment of this subpart, and every 3 years thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the activities of the States that have received funds under this subpart. Such report shall include State compilations of the information contained in the reports prepared under section 1910J, and any recommendations for appropriate changes in legislation necessary to facilitate improvement in the health status of the United States and of selected subgroups within the United States, facilitate the implementation of the State plans described in section 1910I and to facilitate other changes determined appropriate by the Secretary under subpart 2.

#### PROGRAM RESPONSIBILITIES

SEC. 2102. (a) The Director of the Program shall have the following responsibilities:

(1) **VACCINE RESEARCH.**—The Director of the Program shall, through the plan issued under section 2103, coordinate and provide direction for research carried out in or through the National Institutes of Health, the [Centers for Disease Control] Centers for Disease Control and Prevention, the Office of Biologics Research and Review of the Food and Drug Administration, the Department of Defense, and the Agency for International Development on means to induce human immunity against naturally occurring infectious diseases and to prevent adverse reactions to vaccines.

\* \* \* \* \*

(3) **SAFETY AND EFFICACY TESTING OF VACCINES.**—The Director of the Program shall, through the plan issued under section 2103, coordinate and provide direction for safety and efficacy testing of vaccines carried out in or through the National Institutes of Health, the [Centers of Disease Control] Centers for Disease Control and Prevention, the Office of Biologics Re-



search and Review of the Food and Drug Administration, the Department of Defense, and the Agency for International Development.

\* \* \* \* \*

(6) **DISTRIBUTION AND USE OF VACCINES.**—The Director of the Program shall, through the plan issued under section 2103, coordinate and provide direction to the [Centers for Disease Control] *Centers for Disease Control and Prevention* and assistance to States, localities, and health practitioners in the distribution and use of vaccines, including efforts to encourage public acceptance of immunizations and to make health practitioners and the public aware of potential adverse reactions and contraindications to vaccines.

(7) **EVALUATING THE NEED FOR AND THE EFFECTIVENESS AND ADVERSE EFFECTS OF VACCINES AND IMMUNIZATION ACTIVITIES.**—The Director of the Program shall, through the plan issued under section 2103, coordinate and provide direction to the National Institutes of Health, the [Centers for Disease Control] *Centers for Disease Control and Prevention*, the Office of Biologics Research and Review of the Food and Drug Administration, the National Center for Health Statistics, the National Center for Health Services Research and Health Care Technology Assessment, and the Health Care Financing Administration in monitoring the need for and the effectiveness and adverse effects of vaccines and immunizations activities.

\* \* \* \* \*

#### ADVISORY COMMISSION ON CHILDHOOD VACCINES

SEC. 2119. (a) \* \* \*

\* \* \* \* \*

(2) The Director of the National Institutes of Health, the Assistant Secretary for Health, the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, and the Commissioner of Food and Drugs (or the designees of such officials), each of whom shall be a nonvoting ex officio member.

\* \* \* \* \*

#### TITLE XXIII—RESEARCH WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME

##### PART—ADMINISTRATION OF RESEARCH PROGRAMS

SEC. 2301. **REQUIREMENT OF ANNUAL COMPREHENSIVE REPORT ON ALL EXPENDITURES BY SECRETARY WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME.**

(a) \* \* \*

\* \* \* \* \*

(4) a description of the extent to which programs, projects, and activities described in paragraph (3) have been coordinated between the Director of the Office of Minority Health and the

Director of the **Centers for Disease Control** *Centers for Disease Control and Prevention*;

\* \* \* \* \*

**SEC. 2303. REQUIREMENTS WITH RESPECT TO PROCESSING OF REQUESTS FOR PERSONNEL AND ADMINISTRATIVE SUPPORT.**

(a) **IN GENERAL.**—The Director of the Office of Personnel Management or the Administrator of General Services, as the case may be, shall respond to any priority request made by the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, the Director of the **Centers for Disease Control** *Centers for Disease Control and Prevention*, the Commissioner of Food and Drugs, or the Director of the National Institutes of Health, not later than 21 days after the date on which such request is made. If the Director of the Office of Personnel Management or the Administrator of General Services, as the case may be, does not disapprove a priority request during the 21-day period, the request shall be deemed to be approved.

(b) **NOTICE TO SECRETARY AND TO ASSISTANT SECRETARY FOR HEALTH.**—The Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, the Director of the **Centers for Disease Control** *Centers for Disease Control and Prevention*, the Commissioner of Food and Drugs, and the Director of the National Institutes of Health, shall, respectively, transmit to the Secretary and the Assistant Secretary for Health a copy of each priority request made under this section by the agency head involved. The copy shall be transmitted on the date on which the priority request involved is made.

(c) **DEFINITION OF PRIORITY REQUEST.**—For purposes of this section, the term “priority request” means any request that—

(1) is designated as a priority request by the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, the Director of the **Centers for Disease Control** *Centers for Disease Control and Prevention*, the Commissioner of Food and Drugs, or the Director of the National Institutes of Health; and

\* \* \* \* \*

**SEC. 2315. SUPPORT OF INTERNATIONAL EFFORTS.**

\* \* \* \* \*

(b) **GRANTS AND CONTRACTS FOR ADDITIONAL PURPOSES.**—After consultation with the Administrator of the Agency for International Development, the Secretary, acting through the Director of the **Centers for Disease Control** *Centers for Disease Control and Prevention*, shall under section 307 make grants to, enter into contracts with, and provide technical assistance to, international organizations concerned with public health and may provide technical assistance to foreign governments, in order to support—

\* \* \* \* \*

**SEC. 2317. INFORMATION SERVICES.**

(a) \* \* \*

\* \* \* \* \*



(b) TOLL-FREE TELEPHONE COMMUNICATIONS FOR HEALTH CARE ENTITIES.—

(1) After consultation with the Director of the Office of AIDS Research, the Administrator of the Health Resources and Services Administration, and the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, the Secretary shall provide for toll-free telephone communications to provide medical and technical information with respect to acquired immune deficiency syndrome to health care professionals, allied health care providers, and to professionals providing emergency health services.

\* \* \* \* \*

(c) DATA BANK ON RESEARCH INFORMATION.—

(1) After consultation with the Director of the Office of AIDS Research, the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, and the National Library of Medicine, the Secretary shall establish a data bank of information on the results of research with respect to acquired immune deficiency syndrome conducted in the United States and other countries.

\* \* \* \* \*

SEC. 2320. ADDITIONAL AUTHORITY WITH RESPECT TO RESEARCH.

(a) DATA COLLECTION WITH RESPECT TO NATIONAL PREVALENCE.—

(1) The Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, may, through representative sampling and other appropriate methodologies, provide for the continuous collection of data on the incidence in the United States of cases of acquired immune deficiency syndrome and of cases of infection with the etiologic agent for such syndrome. The Secretary may carry out the program of data collection directly or through cooperative agreements and contracts with public and nonprofit private entities.

\* \* \* \* \*

(b) EPIDEMIOLOGICAL AND DEMOGRAPHIC DATA.—

(1) The Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall develop an epidemiological data base and shall provide for long-term studies for the purposes of—

\* \* \* \* \*

PART C—RESEARCH TRAINING

SEC. 2341. FELLOWSHIPS AND TRAINING.

(a) IN GENERAL.—The Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall establish fellowship and training programs to be conducted by the Centers for Disease Control to train individuals to develop skills in epidemiology, surveillance, testing, counseling, education, information, and laboratory analysis relating to acquired immune deficiency syndrome. Such programs shall be de-

signed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in national and international efforts toward the prevention, diagnosis, and treatment of acquired immune deficiency syndrome.

\* \* \* \* \*

## PART B—NATIONAL INFORMATION PROGRAMS

### SEC. 2521. AVAILABILITY OF INFORMATION TO GENERAL PUBLIC.

(a) **COMPREHENSIVE INFORMATION PLAN.**—The Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall annually prepare a comprehensive plan, including a budget, for a National Acquired Immune Deficiency Syndrome Information Program. The plan shall contain provisions to implement the provisions of this title. The Director shall submit such plan to the Secretary. The authority established in this subsection may not be construed to be the exclusive authority for the Director to carry out information activities with respect to acquired immune deficiency syndrome.

(b) **CLEARINGHOUSE.**—

(1) The Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, may establish a clearinghouse to make information concerning acquired immune deficiency syndrome available to Federal agencies, States, public and private entities, and the general public.

\* \* \* \* \*

### SEC. 2522. PUBLIC INFORMATION CAMPAIGNS.

(a) **IN GENERAL.**—The Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, may make grants to public entities, and to nonprofit private entities concerned with acquired immune deficiency syndrome, and shall enter into contracts with public and private entities, for the development and delivery of public service announcements and paid advertising messages that warn individuals about activities which place them at risk of infection with the etiologic agent for such syndrome.

\* \* \* \* \*

### SEC. 2524. AUTHORIZATION OF APPROPRIATIONS.

(a) \* \* \*

\* \* \* \* \*

(2) After consultation with the Director of the Office of Minority Health and with the Indian Health Service, the Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall, not later than 90 days after the date of the enactment of the AIDS Amendments of 1988, publish guidelines to provide procedures for applications for funding pursuant to paragraph (1) and for public comment.



## TITLE XXVI—HIV HEALTH CARE SERVICES PROGRAM

### PART A—EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL NEED FOR SERVICES

#### SEC. 2601. ESTABLISHMENT OF PROGRAM OF GRANTS.

(a) **ELIGIBLE AREAS.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, subject to subsection (b), make grants in accordance with section 2603 for the purpose of assisting in the provision of the services specified in 2604 in any metropolitan area for which, as of June 30, 1990, in the case of grants for fiscal year 1991, and as of March 31 of the most recent fiscal year for which such data is available in the case of a grant for any subsequent fiscal year—

(1) there has been reported to and confirmed by the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* a cumulative total of more than 2,000 cases of acquired immune deficiency syndrome; or

(2) the per capita incidence of cumulative cases of such syndrome (computed on the basis of the most recently available data on the population of the area) is not less than 0.0025.

(b) **REQUIREMENT REGARDING CONFIRMATION OF CASES.**—The Secretary may not make a grant under subsection (a) for a metropolitan area unless, before making any payments under the grant, the cases of acquired immune deficiency syndrome reported for purposes of such subsection have been confirmed by the Secretary, acting through the Director of [Centers for Disease Control] *Centers for Disease Control and Prevention*.

#### SEC. 2602. ADMINISTRATION AND PLANNING COUNCIL.

(a) **ADMINISTRATION.**—

(1) **IN GENERAL.**—Assistance made available under grants awarded under this part shall be directed to the chief elected official of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS, as reported to and confirmed by the [Centers for Disease Control] *Centers for Disease Control and Prevention* in the eligible area that is awarded such a grant

\* \* \* \* \*

#### SEC. 2603. TYPE AND DISTRIBUTION OF GRANTS.

(a) \* \* \*

\* \* \* \* \*

(3) **AMOUNT OF GRANT.**—

(A) **IN GENERAL.**—

(B) **AMOUNT RELATING TO CUMULATIVE NUMBER OF CASES.**—The amount determined in this subparagraph is an amount equal to the ratio of—

(i) an amount equal to the cumulative number of cases of acquired immune deficiency syndrome in the eligible area involved, as indicated by the number of

such cases reported to and confirmed by the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* by the applicable date specified in section 2601(a); to

\* \* \* \* \*

#### SEC. 2607. DEFINITIONS.

For purposes of this part:

(1) **ELIGIBLE AREA.**—The term “eligible area” means a metropolitan area described in section 2601(a).

(2) **METROPOLITAN AREA.**—The term “metropolitan area” means an area referred to in the HIV/AIDS Surveillance Reports of the [Centers for Disease Control] *Centers for Disease Control and Prevention* as a metropolitan area.

\* \* \* \* \*

#### SEC. 2617. STATE APPLICATION.

(a) \* \* \*

\* \* \* \* \*

(d) \* \* \*

\* \* \* \* \*

(3) **APPLICABILITY OF REQUIREMENT.**—

(A) **NUMBER OF CASES.**—A State referred to in paragraph (1) is any State for which the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* for the period described in subparagraph (B) constitutes in excess of 1 percent of the aggregate number of such cases reported to and confirmed by the Director of such period for the United States.

\* \* \* \* \*

#### SEC. 2618. DISTRIBUTION OF FUNDS.

(a) \* \* \*

\* \* \* \* \*

(c) **ALLOCATION OF ASSISTANCE BY STATES.**—

(1) **CONSORTIA.**—In a State that has reported 1 percent or more of all AIDS cases reported to and confirmed by the [Centers for Disease Control] *Centers for Disease Control and Prevention* in all States, not less than 50 percent of the amount received by the State under a grant awarded under this part shall be utilized for the creation and operation of community-based comprehensive care consortia under section 2613, in those areas within the State in which the largest number of individuals with HIV disease reside.

\* \* \* \* \*



## PART C—EARLY INTERVENTION SERVICES

## Subpart I—Formula Grants for States

## SEC. 2641. ESTABLISHMENT OF PROGRAM.

(a) ALLOTMENTS FOR STATES.—For the purposes described in subsection (b), the Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* and in consultation with the Administrator of the Health Resources and Services Administration, shall for each of the fiscal years 1991 through 1995 make an allotment for each State in an amount determined in accordance with section 2649. The Secretary shall make payments, as grants, to each State from the allotment for the State for the fiscal year involved if the Secretary approves for the fiscal year an application submitted by the State pursuant to section 2665.

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## SEC. 2643. REQUIREMENT OF MATCHING FUNDS.

(a) \* \* \*

(c) APPLICABILITY OF MATCHING REQUIREMENT.—

(1) PERCENTAGE OF NATIONAL NUMBER OF CASES.—

(A) The criterion referred to in subsection (a) is, with respect to a State, that the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* for the State for the period described in subparagraph (B) constitutes more than 1 percent of the number of such cases reported to and confirmed by the Director for the United States for such period.

\* \* \* \* \*

## SEC. 2649. DETERMINATION OF AMOUNT OF ALLOTMENTS.

(a) \* \* \*

\* \* \* \* \*

(b) DETERMINATION UNDER FORMULA.—The amount referred to in subsection (a)(2) is the product of—

(1) an amount equal to the amount appropriated under subsection (a) of section 2650 for the fiscal year involved; and

(2) a percentage equal to the quotient of—

(A) an amount equal to the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* for the State involved for the most recent fiscal year for which such data is available; divided by

(B) an amount equal to the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* for the United States

for the most recent fiscal year for which such data is available.

\* \* \* \* \*

(ii) The political subdivision referred to in clause (i) is any political subdivision that received a cooperative agreement from the Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, for fiscal year 1990 for programs to provide counseling and testing with respect to acquired immune deficiency syndrome.

\* \* \* \* \*

(e) TRANSITION RULES.—

(1) \* \* \*

\* \* \* \* \*

(2) For purposes of paragraph (1)—

(A) the amount applicable for fiscal year 1991 is an amount equal to the amount received by the State involved from the Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, for fiscal year 1990 for the provision of counseling and testing services with respect to HIV;

\* \* \* \* \*

SEC. 2675. COORDINATION.

(a) REQUIREMENT.—The Secretary shall assure that the Health Resources and Services Administration and the [Centers for Disease Control] *Centers for Disease Control and Prevention* will coordinate the eplanning of the funding of programs authorized under this title to assure that health support services for individuals with HIV disease are integrated with each other and that the continuity of care of individuals with HIV disease is enhanced. In coordinating the allocation of funds made available under this title the Health Resources and Services Administration and the [Centers for Disease Control] *Centers for Disease Control and Prevention* shall utilize planning information submitted to such agencies by the States and entities eligible for support.

\* \* \* \* \*

## TITLE 15—UNITED STATES CODE

### COMMERCE AND TRADE

\* \* \* \* \*

#### § 1341. Smoking, research, education and information

\* \* \* \* \*

(b) INTERAGENCY COMMITTEE ON SMOKING AND HEALTH; COMPOSITION; CHAIRMAN; COMPENSATION; STAFFING AND OTHER ASSISTANCE.—(1) To carry out the activities described in paragraphs (2) and (3) of subsection (a) of this section there is established an Inter-



agency Committee on Smoking and Health. The Committee shall be composed of—

(A) members appointed by the Secretary from appropriate institutes and agencies of the Department, which may include the National Cancer Institute, the National Heart, Lung, and Blood Institute, the National Institute of Child Health and Human Development, the National Institute on Drug Abuse, the Health Resources and Services Administration, and the **[Centers for Disease Control]** *Centers for Disease Control and Prevention*;

\* \* \* \* \*

## TITLE 25—UNITED STATES CODE

\* \* \* \* \*

### § 2001. Standards for basic education of Indian children in Bureau or contract schools

(a) STUDIES AND SURVEYS FOR ESTABLISHMENT AND REVISION OF STANDARDS.—

\* \* \* \* \*

(b) MINIMUM ACADEMIC STANDARDS; PROPOSAL, ESTABLISHMENT, APPLICABILITY, ETC.—

\* \* \* \* \*

(2) Such standards shall apply to Bureau schools, and subject to subsection (e) of this section, to contract schools, and may also serve as a model for educational programs for Indian children in public schools. In establishing and revising such standards, the Secretary shall take into account the special needs of Indian students and the support and reinforcement of the specific cultural heritage of each tribe. Such standards shall include a requirement, developed in coordination with Indian tribes, the affected local school boards, the Indian Health Service of the Department of Health and Human Services, the State health departments, and the **[Federal Center for Disease Control]** *Centers for Disease Control and Prevention*, on immunization for childhood disease, including provisions for in-school immunization, where necessary.

\* \* \* \* \*

## TITLE 38—UNITED STATES CODE

### SUBCHAPTER II—ADMINISTRATOR OF VETERANS' AFFAIRS

#### § 210. Appointment and general authority of Administrator; Deputy Administrator

(a) \* \* \*

\* \* \* \* \*

Information and Training Concerning AIDS Prevention. Pub. L. 100-322, Title I, § 123, May 20, 1988, 102 Stat. 504, provided that:

“(a) \* \* \*

\* \* \* \* \*

“(1) develop, in consultation with the Surgeon General of the United States and the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, publications and other materials containing information on AIDS, including information on the prevention of infection with the human immunodeficiency virus.

\* \* \* \* \*

## TITLE 42—UNITED STATES CODE

\* \* \* \* \*

### Subchapter II—General Powers and Duties

#### PART A—RESEARCH AND INVESTIGATIONS

#### § 241. Research and investigations generally

(a) \* \* \*

\* \* \* \* \*

#### NATIONAL COMMISSION ON SLEEP DISORDERS RESEARCH

Section 162 of Pub. L. 100-607 provided that:

(a) \* \* \*

“(2) EX OFFICIO MEMBERS.—The Director of the National Institutes of Health, the Director of the National Institute of Neurological and Communicative Disorders and Stroke, the Directors of the National Heart, Lung and Blood Institute, the National Institute on Mental Health, the National Institute on Aging, the National Institute on Child Health and Human Development, the Director of the [Center for Disease Control] *Center for Disease Control and Prevention*, the Chief Medical Director of the Veterans’ Administration, and the Secretary of Defense shall be ex officio members of the Commission, or their designees.

#### STUDY OF THYROID MORBIDITY FOR HANFORD, WASHINGTON

Section 161 of Pub. L. 100-607 provided that:

“(a) IN GENERAL.—In carrying out the purposes of section 301 of the Public Health Service Act (42 U.S.C. 241) [this section], the Secretary of Health and Human Services, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* (hereafter referred to in this section as the ‘Director’), shall conduct a study of thyroid morbidity of the population (including Indian tribes and tribal organizations) in the vicinity of Hanford, in the State of Washington, during the years 1944 through 1957.

“(b) PEER REVIEW.—As soon as is practicable after the date of the enactment of this Act [Nov. 4, 1988], the Director shall establish a peer review committee that shall, along with the [Centers for Dis-



ease Control] *Centers for Disease Control and Prevention*, make any determinations as to the conduct of the study required under this section.

## PART A—NATIONAL INSTITUTES OF HEALTH

### § 281. Organization of National Institutes of Health

(a) \* \* \*

\* \* \* \* \*

#### RESEARCH ON LUPUS ERYTHEMATOSUS

Section 5 of Pub. L. 99-158 provided that:

“(a) \* \* \*

\* \* \* \* \*

“(G) the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention* (or the designee of such Director).

\* \* \* \* \*

### § 300ee-1. Establishment of office with respect to minority health and acquired immune deficiency syndrome

The Secretary of Health and Human Services, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall establish an office for the purpose of ensuring that, in carrying out the duties of the Secretary with respect to prevention of acquired immune deficiency syndrome, the Secretary develops and implements prevention programs targeted at minority populations and provides appropriate technical assistance in the implementation of such programs.

\* \* \* \* \*

### § 300ee-2. Information for health and public safety workers

(a) DEVELOPMENT AND DISSEMINATION OF GUIDELINES.—Not later than 90 days after November 4, 1988, the Secretary of Health and Human Services (hereafter in this section referred to as the “Secretary”), acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall develop, issue, and disseminate emergency guidelines to all health workers and public safety workers (including emergency response employees) in the United States concerning—

\* \* \* \* \*

(c) DEVELOPMENT AND DISSEMINATION OF MODEL CURRICULUM FOR EMERGENCY RESPONSE EMPLOYEES.—(1) Not later than 90 days after November 4, 1988, the Secretary, acting through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall develop a model curriculum for emergency response employees with respect to the prevention of exposure to the etiologic agent for acquired immune deficiency syndrome during the process of responding to emergencies.

\* \* \* \* \*

## Subchapter V—General Provisions

### § 4841. Definitions

As used in this chapter—

(1) \* \* \*

\* \* \* \* \*

(B)(i) The Consumer Product Safety Commission shall, during the six-month period beginning on the date of the enactment of the National Health Promotion and Disease Prevention Act of 1976, determine, on the basis of available data and information and after providing opportunity for an oral hearing and considering recommendations of the Secretary of Health and Human Services (including those of the [Centers for Disease Control] *Centers for Disease Control and Prevention*) and of the National Academy of Sciences, whether or not a level of lead in paint which is greater than six one-hundredths of 1 per centum but not in excess of five-tenths of 1 per centum is safe. If the Commission determines, in accordance with the preceding sentence, that another level of lead is safe, the term “lead-based paint” means, with respect to paint which is manufactured after the expiration of the six-month period beginning on the date of the Commission’s determination, paint containing by weight (calculated as lead metal) in that total nonvolatile content of the paint more than the level of lead determined by the Commission to be safe or the equivalent measure of lead in the dried film of paint already applied, or both.

\* \* \* \* \*

### § 9604. Response authorities

(a) \* \* \*

\* \* \* \* \*

(i) AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY; ESTABLISHMENT, FUNCTIONS, ETC.—There is hereby established within the Public Health Service an agency, to be known as the Agency for Toxic Substances and Disease Registry, which shall report directly to the Surgeon General of the United States. The Administrator of said Agency shall, with the cooperation of the Administrator of the Environmental Protection Agency, the Commissioner of the Food and Drug Administration, the Directors of the National Institute of Medicine, National Institute of Environmental Health Sciences, National Institute of Occupational Safety and Health [Centers for Disease Control] *Centers for Disease Control and Prevention*, the Administrator of the Occupational Safety and Health Administration, and the Administrator of the Social Security Administration, effectuate and implement the health related authorities of this chapter. In addition, said Administrator shall—

\* \* \* \* \*



## PUBLIC LAW 101-502

## SEC. 2. GRANTS FOR IMMUNIZATIONS.

(a) \* \* \*

\* \* \* \* \*

**[(b) DEMONSTRATION PROJECTS FOR OUTREACH PROGRAMS.—**

**[(1) IN GENERAL.—**The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control, may make grants to public and nonprofit private entities for the purpose of carrying out demonstration projects—

**[(A) to provide, without charge, immunizations against vaccine-preventable diseases to children not more than 2 years of age who reside in communities whose population includes a significant number of low-income individuals; and**

**[(B) to provide outreach services to identify such children and to inform the parents (or other guardians) of the children of the availability from the entities of the immunizations specified in subparagraph (A).]**

**[(2) AUTHORIZATION OF APPROPRIATIONS.—**For the purpose of carrying out paragraph (1), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1991 through 1993.】

**(b) DEMONSTRATION PROJECTS FOR OUTREACH PROGRAMS.—**

*(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States for the purpose of carrying out demonstration projects—*

*(A) to provide, without administrative charge, immunizations for vaccine preventable diseases to children not more than 2 years of age who reside in communities whose population includes a significant number of low income individuals, increasing the capacity of public health departments to deliver vaccines and facilitating outreach activities to improve the percentage of fully immunized children;*

*(B) to expand the capacity of public health departments, recipients of grants under sections 329, 330, and 340 of the Public Health Service Act, and other health provider entities that are co-located with centers providing services under section 17 of the Child Nutrition Act of 1966 in order to provide immunizations to participants in the program established under such section 17 during regular hours, and to enable State health departments working through State directors of the program established under such section 17 to make available to such centers vaccines and adequate funds to administer immunizations; and*

*(C) to maintain private provider participation in the provision of immunization services and to encourage private physicians to provide such services to infants and children enrolled for benefits under title XIX of the Social Security Act.*

*(2) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of carrying out paragraph (1), there are authorized to be appropri-*

ated \$25,000,000 in fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1995.

\* \* \* \* \*

## PUBLIC LAW 101-582

\* \* \* \* \*

### [SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

[For the purposes of carrying out this Act, there is authorized to be appropriated \$10,000,000 for fiscal year 1991.]

### SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of carrying out this Act and for the establishment and operation of State Health Objectives Advisory Committees under section 1910I(b) of the Public Health Service Act, there are authorized to be appropriated \$10,000,000 for fiscal year 1992 and such sums as necessary for each of the fiscal years 1993 through 1996.

\* \* \* \* \*

## Part M—Adolescent Health

### SEC. 399F. OFFICE OF ADOLESCENT HEALTH.

(a) *ESTABLISHMENT.*—The Secretary shall establish an Office of Adolescent Health (hereafter referred to in this part as the “Office” and provide administrative support and support services to the Director of such Office.

(b) *DIRECTOR.*—The Office shall be headed by a Director (hereafter referred to in this part as the ‘Director’) who shall be appointed by the Secretary.

(c) *PURPOSE AND DUTIES.*—It shall be the purpose of the Office to ensure the sufficiency of the efforts of the Federal government to improve the health status of adolescents. The Office shall—

(1) coordinate all activities within the Department that relate to the monitoring of trends in the health status of adolescents through data collection;

(2) coordinate all activities (including research) within the Department concerning the design of, support for, and evaluation of, adolescent health services;

(3) establish a national information clearinghouse to facilitate the exchange of information concerning all Federal research activities and initiatives as such relates to adolescent health and to facilitate access to such information;

(4) oversee multidisciplinary disease, injury, and disability prevention research projects concerning conditions and diseases unique to, more prevalent in, or neglected in adolescents;

(5) coordinate the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, social workers;

(6) establish within the Office an advisory committee under section 399H to be known as the National Advisory Commission on Adolescent Health;



(7) provide advice to Congress concerning adolescent health issues; and

(8) in collaboration with the National Adolescent Health Advisory Commission, develop a national strategic plan to access adolescent health issues.

#### SEC. 399G. ADOLESCENT HEALTH INITIATIVES.

(a) **GRANTS.**—The Secretary, acting through the Office of Adolescent Health, shall award grants to, or enter into contract with, State health agencies and other eligible applicants to assist such applicant in funding activities authorized under an application approved under section (d).

(b) **USE OF AMOUNTS.**—Amounts provided under a grant or contract under subsection (a) shall be used by the recipients of such amounts to fund multidisciplinary projects based on established research findings of efficacy that are designed to—

(1) use new and innovative methods to train health care practitioners to provide services to adolescents; and

(2) demonstrate and evaluate innovative multidisciplinary methods and models designed to prevent adolescent violence.

(c) **ELIGIBLE APPLICANTS.**—To be eligible to receive a grant or contract under this section an entity shall be a State or local health department, nonprofit organization and public or nonprofit college, university or school of, or program that specializes in, adolescent medicine, nursing, medicine, osteopathy, social work, psychology, public health, and programs that train physician assistants and shall prepare and submit to the Secretary for approval an application under subsection (d). Eligible entities shall not include for-profit entities, either directly or through a subcontract or subgrant.

(d) **APPLICATIONS.**—

(1) **SUBMISSION.**—To be eligible to receive a grant or contract under subsection (a) an entity shall prepare and submit an application to the Secretary at such time, in such form, and containing such information as the Secretary shall require.

(2) **REQUIREMENTS.**—Applications submitted under this subsection shall—

(A) be submitted by a coalition or consortium of at least three eligible applicants with the express purpose of establishing long-term collaborative relationships with adolescent health care providers; and

(B) provide any additional information required by the Secretary.

(e) **PEER REVIEW.**—

(1) **IN GENERAL.**—Each applicant for a grant or contract under this section shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application.

(2) **ESTABLISHMENT.**—The Secretary shall establish such peer review groups as may be necessary to carry out paragraph (1). The Secretary shall make appointments to the peer review groups from among appropriately qualified persons who are not officers or employees of the United States.

(3) **REPORT OF FINDINGS.**—With respect to applications referred to in paragraph (1), a peer review group established pur-

suant to such paragraph shall report its finding and recommendations to the Secretary. The Secretary may not approve such an application unless a peer review group has recommended the application for approval, and awards should be made in the order of priority from the peer review process.

(4) **ADMINISTRATION.**—This paragraph shall be carried out by the Secretary.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

**SEC. 399H. NATIONAL ADOLESCENT HEALTH ADVISORY COMMISSION.**

(a) **COMPOSITION.**—The Advisory Commission (hereafter referred to in this section as the “Commission”) established under section 399F(c)(6) shall be composed of—

(1) the Assistant Secretary of Health;

(2) The Assistant Secretary of Education for Elementary and Secondary Schools;

(3) a representative of the Health Resources and Services Administration to be appointed by the Secretary;

(4) a representative of the Centers for Disease Control and Prevention to be appointed by the Secretary;

(5) a representative of the National Institute of Health to be appointed by the Secretary;

(6) five individuals appointed by the Secretary from among physicians, practitioners, scientists, and other health professionals whose clinical practice and research specialization focus on adolescent health; and

(7) a parent of an adolescent to be appointed by the Secretary.

(b) **APPOINTMENTS.**—Not later than April 1, 1992, the Secretary shall appoint the members of the Commission in accordance with subsection (a).

(c) **MEETINGS.**—The Commission shall meet not less than twice annually to provide advice and make recommendations to the Secretary and to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives, with respect to—

(1) priority research needs;

(2) appropriate research activities to be supported by the Office;

(3) deficiencies and needs for improvements in existing data bases concerning adolescent health status and steps that should be taken to eliminate such deficiencies; and

(4) identify problems in adolescent health and make recommendations for the resolution of such problems.

(d) **REPORTS.**—

(1) **INTERIM REPORTS.**—Not later than 1 year and 3 years after the date on which the initial meeting of the Commission is held, the Commission shall prepare and submit to the individual and entities described in subsection (c) a progress report concerning the activities of the Commission.

(2) **FINAL REPORT.**—Not later than April 1, 1996, the Commission shall prepare and submit to the individuals and entities



described in subsection (c) a final report concerning its activities.

(e) *STAFF SUPPORT FOR THE ADVISORY COMMISSION.*—The Director of the Centers for Disease Control and Prevention, acting through the Division of Adolescent and School Health, shall provide the staff support for the Commission.

#### ADVISORY BOARDS

SEC. 430. (a) \* \* \*

\* \* \* \* \*

(b) \* \* \*

\* \* \* \* \*

(2)(A) The following shall be ex officio members of each Advisory Board:

(i) The Assistant Secretary for Health, the Director of NIH, the Director of the National Institute of Diabetes and Digestive and Kidney Diseases, the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, the Chief Medical Director of the Veterans' Administration, the Assistant Secretary of Defense for Health Affairs, and the Division Director of the National Institute of Diabetes and Digestive and Kidney Diseases for the diseases for which the Board is established (or the designees of such officers).

\* \* \* \* \*

#### ADVISORY BOARD

SEC. 442. (a) The Secretary shall establish in the Institute the National Arthritis Advisory Board (hereafter in this section referred to as the "Advisory Board").

(b) \* \* \*

\* \* \* \* \*

(2) The following shall be ex officio members of the Advisory Board:

(A) the Assistant Secretary for Health, the Director of NIH, the Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, the Chief Medical Director of the Veterans' Administration, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers), and

\* \* \* \* \*

#### NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS ADVISORY BOARD

SEC. 464D. (a) The Secretary shall establish in the Institute the National Deafness and Other Communications Disorders Advisory Board (hereafter in this section referred to as the "Advisory Board").

(b) The Advisory Board shall be composed of eighteen appointed members and nonvoting ex officio members as follows:

(1) \* \* \*

\* \* \* \* \*

(2) The following shall be ex officio members of the Advisory Board:

(A) The Assistant Secretary for Health, the Director of NIH, the Director of the National Institute on Deafness and Other Communication Disorders, Diseases, the Director of the **[Centers for Disease Control]** *Centers for Disease Control and Prevention*, the Chief Medical Director of the Veterans' Administration, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers).

\* \* \* \* \*

#### RESEARCH ON PUBLIC HEALTH EMERGENCIES

SEC. 494. (a) If the Secretary determines, after consultation with the Director of NIH, the Commissioner of the Food and Drug Administration, or the Director of the **[Centers for Disease Control]** *Centers for Disease Control and Prevention*, that a disease or disorder constitutes a public health emergency, the Secretary, acting through the Director of NIH.

\* \* \* \* \*

#### OFFICE FOR SUBSTANCE ABUSE PREVENTION

SEC. 508. (a) There is established in the Administration an Office for Substance Abuse Prevention (hereafter in this part referred to as the "Office"). The Office shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) The Director of the Office shall—

(1) \* \* \*

\* \* \* \* \*

(6) in cooperation with the Director of the **[Centers for Disease Control]** *Centers for Disease Control and Prevention*, develop educational materials to reduce the risks of acquired immune deficiency syndrome among intravenous drug abusers;

\* \* \* \* \*

#### RESEARCH ON PUBLIC HEALTH EMERGENCIES

SEC. 509B. (a) If the Secretary determines, after consultation with the Administrator, the Commissioner Food and Drugs, or the Director of the **[Centers for Disease Control]** *Centers for disease Control and Prevention*, that a disease or disorder within the jurisdiction of an Institute of the Administration constitutes a public health emergency, the Secretary, acting through the Administrator—

\* \* \* \* \*



## PUBLIC HEALTH SERVICE ACT

\* \* \* \* \*

## SURGEON GENERAL

SEC. 204. (a) The Surgeon General shall be appointed from the Regular Corps for a four-year term by the President by and with the advice and consent of the Senate. The Surgeon General shall be appointed from individuals who (1) are members of the Regular Corps, and (2) have specialized training or significant experience in public health programs. Upon the expiration of such term, the Surgeon General, unless reappointed, shall revert to the grade and number in the Regular or Reserve Corps that he would have occupied had he not served as Surgeon General.

(b) *The Surgeon General shall notify all active members of the Commissioned Corps concerning any guidelines and recommendations for clinical practice that are developed or issued by the Public Health Service. The Surgeon General shall also ensure that members of the Commissioned Corps who are engaged in clinical practice are properly utilizing such guidelines and recommendations.*

## ORPHAN PRODUCTS BOARD

SEC. 227. (a) There is established in the Department of Health and Human Services a board for the development of drugs (including biologics) and devices (including diagnostic products) for rare diseases or conditions to be known as the Orphan Products Board. The Board shall be comprised of the Assistant Secretary for Health of the Department of Health and Human Services and representatives, selected by the Secretary, of the Food and Drug Administration, the National Institutes of Health, the [Centers for Disease Congrol] *Centers for Disease Control and Prevention*, and any other Federal department or agency which the Secretary determines has activities relating to drugs and devices for rare diseases or conditions. The Assistant Secretary for Health shall chair the Board.

\* \* \* \* \*

(3) assure appropriate coordination among the Food and Drug Administration, the National Institutes of Health, the Alcohol, Drug Abuse, and Mental Health Administration, and the [Centers for Disease Control] *Centers for Disease Control and Prevention*, in the carrying out of their respective functions relating to the development of drugs for such diseases or conditions to assure that the activities of each agency are complementary.

\* \* \* \* \*

## GRANTS TO STATES FOR COMPREHENSIVE STATE HEALTH PLANNING

SEC. 314. (a)(1)

\* \* \* \* \*

(g)(1) *The Secretary is authorized to award grants to eligible entities for the development and operation of Comprehensive Perinatal and Early Childhood Health Programs, to provide coordinated*

health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support healthy child development.

(2)(A) To be eligible to receive a grant under this subsection, an entity shall be a public health department or public or private non-profit health entity that—

(i) does not receive assistance under section 329 or 330;

(ii) is located in a medically underserved or health professional shortage area not served by an entity receiving funds under section 329 or 330; and

(iii) has demonstrated a commitment to serving low income and insured individuals and families.

(B) Notwithstanding subparagraph (A), entities located in areas served by grantees under section 329 or 330 may apply for and receive a grant under this subsection, if such 329 or 330 grantees do not intend to apply for expanded funding for prenatal and early childhood health care services, and if such entities can demonstrate that—

(i) the women and children to be served, or the services to be provided, using funds provided under the grant are in addition to those populations served and services offered by such existing section 329 or 330 grantees; and

(ii) the entity will not use funds provided under this subsection to supplant State expenditures.

(3) Services to be provided with funds under a grant awarded under this subsection shall be delivered in a culturally sensitive manner and made accessible to the population to be served. Such services shall include—

(A) public information, outreach, or case finding services provided through the use of media, community canvassing (including the use of volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;

(B) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

(i) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

(ii) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, developmental delay, nutritional status, and lead poisoning), timely immunizations, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

(C) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for



women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children and families.

(D) substance abuse screening, outpatient substance abuse counseling services, or referral to substance abuse treatment services for women with substance abuse problems;

(E) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up; and

(F) parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both counseling provided directly by the grantee, and through distribution of the Maternal Child Health Handbooks as available.

Services described in subparagraphs (D), (E) and (F) shall be provided by grantees under this subsection to the maximum extent practicable.

(4) To the maximum extent practicable, services provided under this subsection shall be delivered in a single location by the grantee, except that such may include multiple sites if mobile health care provider units are utilized (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security Act, by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966, by drug treatment service providers, and by others) to ensure access and coordination.

(5) The Secretary may not award a grant under this subsection unless—

(A) the applicant for the grant has entered into, or will enter into, a participation agreement within 180 days of the date of the grant award with the State agency administering funds under title XIX of the Social Security Act and is qualified to receive such payments for services provided;

(B) the applicant for the grant has prepared a schedule of fees or payments for the provision of services under paragraph (3) consistent with locally prevailing rates or charges, and has prepared a corresponding schedule of discounts to be applied to the payment of such fees or payments, such discounts to be adjusted on the basis of the patient's ability to pay;

(C) the applicant for the grant provides assurances that every reasonable effort will be made to secure from patients and third party reimbursement entities, including any State compensation program, health insurance entity, any entity providing health services on a prepaid basis, or any Federal or State health benefits program, full payment for the services provided under paragraph (3).

Amounts awarded under this subsection shall be used as the payment source of last resort for services provided.

(6) In addition to providing the services required under paragraph (3), a grantee may use amounts provided under the grant for minor remodeling and rehabilitation of the facilities needed to support the delivery of such services. No funds may be used for the construction of new buildings or the acquisition of properties.



(7) A grantee shall not use in excess of 5 percent of the amounts received under a grant awarded under this subsection for administration, accounting, reporting and program oversight functions.

(8) To be eligible to receive a grant under this subsection, an entity, in addition to meeting the requirements of paragraph (2), shall prepare and submit to the Secretary an application at such time, in such form, and containing such information as the Secretary shall require, including assurances adequate to ensure—

(A) that funds received under a grant awarded under this subsection will be utilized to supplement not supplant State funds made available to the entity for the provision of maternal and child health and social services, with identification of funding received from other sources for such purposes;

(B) that prenatal and early childhood health care will be provided under a case management model, that continuity of care will be provided for all individuals, and that services to be provided are accessible to the target population to be served;

(C) that the entity will serve low income women and children in the service delivery area, and have a plan for outreach to those at risk of inadequate health care services;

(D) that the entity has outlined a needs assessment of the health care delivery system in the service delivery area, to include health status indicators for women of childbearing age and young children, and identification of other health care provider groups in the area;

(E) that the entity has reviewed the application for a grant under this section with the State agency administering amounts received under title V of the Social Security Act and the local health department, and that such application is consistent with the State plan for the delivery of maternal and child health services; and

(F) that the entity will submit a report to the Secretary and to the State and relevant local health departments that will include demographic data on the number of individuals served and those services provided with funds provided under this subsection, and a description of the manner in which services provided by the entity are integrated with those services provided by other health care agencies or provider groups in the service delivery area.

(9) In awarding grants under this subsection, the Secretary should give priority to—

(A) those applications submitted by entities that are an association of one or more public, and one or more nonprofit private health care and social service providers, except that in areas where such an association would not be possible as a result of the absence of more than one provider entity, no such priority shall be given; and

(B) those applications providing evidence of local investment (such as State, health care provider, local charity, and volunteer organization contributions) in maternal and child health initiatives, through a 10 percent local contribution to match Federal funds, in cash or in kind, fairly evaluated, not including any portion of any service subsidized by the Federal Government or other copayments under paragraph (5).

*Grants under this subsection shall be awarded on an equitable basis among eligible rural and urban applicants.*

*(10) Not later than 30 months after the date of enactment of this subsection, the Secretary shall prepare and submit, to the Senate Committee on Labor and Human Resources, the Senate Finance Committee, and the House Committee on Energy and Commerce, an evaluation of the program established under this subsection, that shall include—*

*(A) an analysis of the manner in which funds provided under this subsection have been used by grantees, with a review of the services provided;*

*(B) the infant mortality rates and immunization rates in the communities served by grantees prior to the receipt of such a grant and at the time such evaluation is prepared, and an assessment of the impact of enhanced services on such rates;*

*(C) an analysis of the manner in which entities receiving grants under this subsection have integrated the services provided under such grants with other available health and social service providers in the service delivery area; and*

*(D) recommendations concerning any modifications necessary to improve program effectiveness in reaching the stated goals of the program in a cost-effective manner.*

*(11) There are authorized to be appropriated for each of the fiscal years 1992 through 1994, such sums as may be necessary to carry out this subsection.*

#### PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

##### SEC. 317. (a) \* \* \*

\* \* \* \* \*

*(k)(1) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—*

\* \* \* \* \*

*(4)(A) The Secretary shall award grants to States, and in consultation with State health agencies, to political subdivisions of States, community based organizations, and other public and nonprofit private entities for—*

*(i) the establishment of demonstration projects for the prevention of conditions or diseases that adversely affect women;*

*(ii) the establishment of demonstration projects for the promotion of women's health; and*

*(iii) the development and dissemination of information for health promotion and disease prevention related to issues of women's health.*

*(B) The projects and activities carried out under this subsection shall have an emphasis on, but not be restricted to the prevention or control of osteoporosis, coronary heart disease, diabetes, obesity and tobacco use.*

*(C) There are authorized to be appropriated to carry out this paragraph \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.*



[(4)] (5) No grant may be made under this subsection unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

[(5)] (6) Subsections (d), (e), and (f) of section 317 shall apply to grants under this subsection in the same manner as such subsections apply to grants under subsection (a) of section 317.

#### SEC. 317A. LEAD POISONING PREVENTION.

[(a) GRANTS TO STATES.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States and agencies of units of local governments for the initiation and expansion of community programs designed to (1) screen infants and children for elevated blood lead levels, (2) assure referral for treatment of, and environmental intervention for, infants and children with such blood lead levels, and (3) provide education about childhood lead poisoning. In making grants under this paragraph, the Secretary shall give priority to applications for programs which will serve areas with a high incidence of elevated blood lead levels in infants and children.】

##### (a) AUTHORITY FOR GRANTS.—

(1) *IN GENERAL.*—*The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to public and nonprofit private entities (including States and political subdivisions of States) for the initiation and expansion of community programs designed—*

(A) *to provide, for infants and children—*

(i) *screening for elevated blood-lead levels;*

(ii) *referral for treatment of such levels; and*

(iii) *referral for environmental intervention associated with such levels; and*

(B) *to provide education about childhood lead poisoning.*

(2) *PROVISION OF ALL SERVICES AND ACTIVITIES THROUGH EACH GRANTEE.*—*In making grants under paragraph (1), the Secretary shall ensure that each of the services and activities described in such paragraph is provided through each grantee under such paragraph. The Secretary may authorize such a grantee to provide the services and activities directly, or through arrangements with other providers.*

##### (b) STATUS AS MEDICAID PROVIDER.—

(1) *IN GENERAL.*—*Subject to paragraph (2), the Secretary may not make a grant under subsection (a) unless, in the case of any service described in such subsection that is made available pursuant to the State plan approved under title XIX of the Social Security Act for the State involved—*

(A) *the applicant for the grant will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or*

(B) *the applicant will enter into an agreement with a provider under which the provider will provide the service, and the provider has entered into such a participation agreement and is qualified to receive such payments.*

##### (2) *WAIVER REGARDING CERTAIN SECONDARY AGREEMENTS.—*



(A) *In the case of a provider making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph regarding a participation agreement shall be waived by the Secretary if the provider does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.*

(B) *A determination by the Secretary of whether a provider referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the provider accepts voluntary donations regarding the provision of services to the public.*

(c) **PRIORITY IN MAKING GRANTS.**—*In making grants under subsection (a), the Secretary shall give priority to applications for programs that will serve areas with a high incidence of elevated blood-lead levels in infants and children.*

[(b)] (d) **[GRANT APPLICATIONS.—(1) No grant]** (d) **GRANT APPLICATION.—(1) IN GENERAL.**—*No grant may be made under subsection (a), unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be in such form and shall be submitted in such manner as the Secretary shall prescribe and shall include each of the following:*

(A) *A complete description of the program which is to be provided by or through the applicant.*

(B) *Assurances satisfactory to the Secretary that the program to be provided under the grant applied for will include educational programs designed to communicate to parents, educators, and local health officials the significance and prevalence of lead poisoning in infants and children, including the sources of lead exposure, the immediate risk of lead-based paints, other sources of lead including drinking water and soil, the potential dangers of lead exposure during home renovations, the importance of screening young children for lead, and the preventive steps that parents can take in reducing the risk for lead poisoning, which the program is designed to detect and prevent.*

(C) *Assurances satisfactory to the Secretary that the applicant will report on a quarterly basis the number of infants and children screened for elevated blood lead levels, the number of infants and children who were found to have elevated blood lead levels, the number and type of medical referrals made for such infants and children, the outcome of such referrals, and other information to measure program [effectiveness as required under paragraph (2).]*

(D) *Assurances satisfactory to the Secretary that the applicant will make such reports respecting the program involved as the Secretary may require.*

(E) *Assurances satisfactory to the Secretary that the program to be provided under the grant applied for will include educational programs designed to communicate to health professionals and para-professionals updated knowledge concerning lead poisoning and research, the health consequences, if any, of low-*

*level lead burden, the prevalence of lead poisoning among all socioeconomic groupings, the benefits of expanded lead screening, and the therapeutic and other interventions available to prevent and combat lead poisoning in affected children and families.*

[(E)] (F) Such other information as the Secretary may prescribe.

[(2) The Secretary shall prepare and submit a report to the Committee on Energy and Commerce of the United States House of Representatives and to the Committee on Labor and Human Resources of the United States Senate not later than one year after the enactment of this section, and annually thereafter, on the effectiveness during the period reported on of the programs assisted under grants under subsection (a).]

(2) *ANNUAL REPORT.*—Not later than February 1 of each year, the Secretary shall submit to Congress, a report on the effectiveness during the preceding fiscal year of programs carried out with grants under subsection (a) and of any programs that are carried out by the Secretary pursuant to subsection (1)(2). Such reports shall, include in addition to any other information that the Secretary shall require a description of the number of individuals screened, age distribution of individuals screened, minority representation of the screened population, number of screening sites, percentage of children screened with blood levels greater than 10 micrograms per deciliter, and prior years information for these categories where available. Recipients of grants under this section that are required to report equivalent information to the Secretary under other sections of this Act shall be exempt from the requirements of this subsection.

[(c)] (e) *MAINTENANCE OF EFFORT.*—\* \* \*

\* \* \* \* \*

[(d)] [(f) *COORDINATION.*—No grant may be made under subsection (a) unless the Secretary determines that there will be coordination between the recipient of the grant and activities within the State in which the grantee is located under titles V and XIX of the Social Security Act relating to lead poisoning prevention.]]

(f) *RELATIONSHIP TO SERVICES AND ACTIVITIES UNDER OTHER PROGRAMS.*—

(1) *IN GENERAL.*—A recipient of a grant under subsection (a) may not make payments from the grant for any service or activity to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service or activity—

(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(B) by an entity that provides health services on a prepaid basis.

(2) *APPLICABILITY TO CERTAIN SECONDARY AGREEMENTS FOR PROVISION OF SERVICES.*—Paragraph (1) shall not apply in the case of a provider through which a grantee under subsection (a) provides service under such subsection if the Secretary has provided a waiver under subsection (b)(2) regarding the provider.



[(e)] (g) METHOD AND AMOUNT OF PAYMENT.—\* \* \*

\* \* \* \* \*

[(f)] (h) SUPPLIES, EQUIPMENT, AND EMPLOYEE DETAIL.—The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

(1) the fair market value of any supplies or equipment furnished the grant recipient[,]; and

(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee[,]; when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient

[(g)] (i) RECORDS.—\* \* \*

\* \* \* \* \*

[(h)] (j) AUDIT AND EXAMINATION OF RECORDS.—\* \* \*

\* \* \* \* \*

[(i)] (k) INDIAN TRIBES.—\* \* \*

\* \* \* \* \*

[(j)] (l) AUTHORIZATION OF APPROPRIATIONS.—[There are authorized to be appropriated to carry out this section not more than] *For the purpose of carrying out this section, there are authorized to be appropriated \$20,000,000 for fiscal year 1989, \$22,000,000 for fiscal year 1990, [and] \$24,000,000 for fiscal year 1991, \$40,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.*

SEC. 317B. NATIONAL LEAD POISONING PREVENTION EDUCATION PROGRAM.

*The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a national program designed to educate health professionals and paraprofessionals and the general public concerning lead poisoning. As part of such educational program the Secretary shall ensure that such individuals have access to information concerning the health effects of low-level lead toxicity, the most serious causes of lead poisoning, and the primary and secondary preventive measures that may be taken to combat the problem of lead poisoning.*

SEC. 317C. NATIONAL LEAD POISONING TECHNOLOGY ASSESSMENT AND EPIDEMIOLOGY PROGRAM.

*The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a concerted technology assessment and epidemiology program to—*



(1) develop improved testing measures that may be administered to children to detect lead toxicity using methods that are sufficiently reliable, sensitive, applicable and cost-effective;

(2) more accurately assess the prevalence of lead poisoning by State, socioeconomic grouping, and health care insurance status; and

(3) conduct any applied research necessary to improve the effectiveness of childhood lead poisoning prevention programs.

**SEC. 317D. INTERAGENCY TASK FORCE ON THE PREVENTION OF LEAD POISONING.**

(a) **ESTABLISHMENT.**—Not later than 6 months after the date of enactment of this Act, the Secretary shall establish a task force, to be known as the “Interagency Task Force on the Prevention of Lead Poisoning”, to coordinate the efforts of Federal agencies to prevent lead poisoning.

(b) **COMPOSITION.**—The task force established under subsection (a) shall be composed of—

(1) the Secretary, who shall serve as the chairperson of the task force;

(2) the Secretary of Housing and Urban Development;

(3) the Administrator of the Environmental Protection Agency; and

(4) senior staff selected by the Secretary of Health and Human Services, Secretary of Housing and Urban Development and Administrator of the Environmental Protection Agency.

(c) **DUTIES.**—The task force established under subsection (a) shall—

(1) review, evaluate and coordinate current strategies and plans formulated by the Department of Health and Human Services (including the Strategic Plan for the Elimination of Lead Poisoning of February 21, 1991), the Department of Housing and Urban Development (including the Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Housing of December 7, 1990) and the Environmental Protection Agency (including the Strategy for Reducing Lead Exposures of February 21, 1991) and develop a unified implementation plan for programs related to the prevention of lead poisoning that receive assistance from the Federal Government;

(2) establish a mechanism for sharing and disseminating information among and to agencies participating in the task force;

(3) identify the most promising areas of research and education concerning lead poisoning;

(4) identify the practical and technological constraints to expanding lead poisoning prevention;

(5) annually carry out a comprehensive review of Federal programs providing assistance to prevent lead poisoning, and prepare and submit not later than May 1 of each year to the Committee on Labor and Human Resources and the Committee on the Environment and Public Works of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report that summarizes the review conducted under this

paragraph and contains any program, policy and budgetary recommendations of the task force; and

(6) annually review and coordinate departmental and agency budgetary requests with respect to all lead poisoning prevention activities of the Federal Government.

**SEC. 317E. VACCINE BULK PURCHASE PROGRAM.**

(a) *IN GENERAL.*—The Secretary acting through the Director of the Centers for Disease Control and Prevention and in accordance with the preventative health grant provisions of subsections (a) and (j)(1)(B) of section 317, shall provide to the health department of each State or large city that is operating an immunization project, vaccines for immunization purposes.

(b) *DISTRIBUTION.*—Vaccines provided to grantees with existing immunization projects under subsection (a) shall be made available for distribution and immunization services through the public health departments of such States or cities, recipients of grants under section 329, 330, and 340 in the State or city, Federally qualified health centers under section 1905(l)(2)(B) of the Social Security Act operating in the State or city, and public health professionals.

(c) *QUANTITY.*—In determining the quantity of vaccine that is needed by a grantee under subsection (a), the Administrator of the Health Resources and Services Administration shall make available to the Director of the Centers for Disease Control data from annual reports submitted by recipients of grants under section 329, 330, and 340 and from entities certified as Federally qualified health centers under section 1905(l)(2)(B) of the Social Security Act. The Director of such Centers shall direct the health department of the State, county or city to equitably allocate vaccines made available under the bulk purchase program among those recipients described in subsection (b) who are providing immunization services to children, except that the amounts received by each provider on the date of enactment of this section shall not be diminished relative to the population served, and that grantees shall receive not less than the amount of such grantees received under their bulk vaccine allotment as of January 1, 1991.

(d) *MAINTENANCE OF SUPPLY.*—The provisions of this section shall be effective only to the extent to which the Secretary, acting through the Director of the Centers for Disease Control, provides assurances that the implementation of this section will not result in a reduction in the supply of vaccines available to grantees receiving vaccine allotments under the bulk purchasing programs as of January 1, 1991.

**SEC. 317F. COORDINATION OF BIRTH DEFECTS SURVEILLANCE AND EPIDEMIOLOGY RESEARCH PROGRAMS.**

(a) *FINDINGS.*—Congress finds that—

(1) birth defects are the leading cause of infant mortality, directly responsible for one out every five infant deaths;

(2) thousands of the 250,000 infants born with a birth defect annually face a lifetime of chronic disability and illness; and

(3) there is no national effort to record birth defect data and perform epidemiologic surveillance even though such data would aid research efforts to understand and reduce the incidence of preventable birth defects.



(b) **PLAN FOR IMPLEMENTING A NATIONAL BIRTH DEFECTS MONITORING SYSTEM AND SURVEILLANCE PROGRAM.**—

(1) **DEVELOPMENT.**—*The Secretary, acting through the Centers for Disease Control and Prevention, shall develop a plan to establish regional birth defects monitoring programs to serve all States for the purpose of collecting and analyzing data on the incidence of birth defects with relevant epidemiologic data. Such plan shall specify how collaborative efforts between the Centers for Disease Control and Prevention, and responsible State agencies will be carried out, and may include the provision of grants or cooperative agreements, and technical assistance.*

(2) **CLEARINGHOUSE.**—*The Centers for Disease Control and Prevention shall develop a program plan to serve as the national clearinghouse of the collection and storage of data and information generated from birth defects monitoring programs developed under paragraph (1). Functions of the clearinghouse will include facilitating the coordination of birth defects research.*

(3) **REPORT.**—*The Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing the plan required under paragraph (1), together with recommendations to facilitate the immediate implementation of such plan, on or before July 1, 1993.*

(c) **AUTHORIZATION OF APPROPRIATIONS.**—*There are authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 and 1994.*

**PROJECTS AND PROGRAMS FOR THE PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED DISEASES**

SEC. 318. (a) \* \* \*

\* \* \* \* \*

(b) The Secretary may make grants to States, and with notification of the State health authority, to political subdivisions of States, and any other public and nonprofit private entity for—

\* \* \* \* \*

(d)(1) For the purpose of making grants under subsections (b) and (c) there are authorized to be appropriated [\$45,000,000 for the fiscal year ending September 30, 1979, \$51,500,000 for the fiscal year ending September 30, 1980, \$59,000,000 for the fiscal year ending September 30, 1981, \$40,000,000 for the fiscal year ending September 30, 1982, \$46,500,000 for the fiscal year ending September 30, 1983, \$50,000,000 for the fiscal year ending September 30, 1984, \$57,000,000 for the fiscal year ending September 30, 1985, \$62,500,000 for the fiscal year ending September 30, 1986, \$68,000,000 for the fiscal year ending September 30, 1987, \$78,000,000 for fiscal year 1989, and such sums as may be necessary for each of the fiscal years 1990 and 1991.] \$120,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996. For grants under subsection (b) in any fiscal year, the Secretary shall obligate not less than 10 per centum



of the amount appropriated for such fiscal year under the preceding sentence. Grants made under subsection (b) or (c) of this section shall be made on such terms and conditions as the Secretary finds necessary to carry out the purposes of such subsection, and payments under any such grants shall be made in advance or by way of reimbursement and in such installments as the Secretary finds necessary.

(e) Nothing in this section shall be construed to require any State or any political subdivision of a State to have a sexually transmitted diseases program which would require any person, who objects to any treatment provided under such a program, to be treated under such a program.

(f) *Recipients of grants under subsection (a) shall annually prepare and submit to the Secretary a report concerning the services provided using such grant funds. Such reports shall include information determined appropriate by the Secretary.*

#### **SEC. 318A. PROSTATE CANCER SCREENING AND EARLY DETECTION.**

(a) *IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, academic medical centers, or other public or nonprofit private entities—*

*(1) to determine the prevalence, incidence and mortality rates and stage at diagnosis of prostate cancer, nationally, within regions and within subgroups of the population; and*

*(2) to determine the state of current practices for the screening and diagnosis of prostate cancer and the effectiveness of such practices in reducing mortality.*

*Such grants shall be awarded on the basis of an established competitive review process.*

(b) *COORDINATION WITH THE NATIONAL INSTITUTES OF HEALTH.—The Director of the Centers of Disease Control and Prevention shall coordinate with the Director of the National Institutes of Health to—*

*(1) evaluate existing methods for the screening and diagnosis of prostate cancer in order to develop more sensitive and specific, less expensive screening and diagnostic methods;*

*(2) evaluate and improve reporting of surveillance data relative to prostate cancer;*

*(3) disseminate information concerning such methods to health professionals; and*

*(4) collaborate to expedite the review of research and development of technologies that insure early detection of prostate cancer.*

(c) *APPLICATION REQUIREMENTS.—The Secretary may not make a grant under subsection (a) unless an application for such grant is submitted to the Secretary. Such application shall be in such form, submitted at such time, and contain such information as the Secretary determines to be appropriate to carry out this section, including a description of the activities, as described in subsection (a), that the applicant intends to use the amounts received under such grant to carry out.*

(d) *DESCRIPTION OF INTENDED USE OF GRANTS.—The Secretary may not make a grant under subsection (a) unless the applicant for*

such grant submits to the Secretary a description of the purposes for which the applicant intends to expend the amounts received under the grant that—

(1) identifies the populations, areas and locations to be assessed under the grant; and

(2) provides assurances that the grant funds will be used in the most cost-effective manner practicable.

(e) **TECHNICAL ASSISTANCE.**—The Secretary may provide training and technical assistance with respect to the planning, development and operation of activities carried out under grants awarded under this section.

(f) **REPORTS.**—Not later than 18 months after the awarding of grants under this section, and annually thereafter, the Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce in the House of Representatives, a report that contains—

(1) a summary of the findings derived from the activities carried out under grants awarded under this section during the preceding fiscal year; and

(2) recommendations for administrative and legislative initiatives to improve the public health based upon the findings described in paragraph (1) that the Secretary determines to be appropriate.

(g) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

#### PUBLIC HEALTH EMERGENCIES

SEC. 319. (a) If the Secretary determines, after consultation with the Director of the National Institutes of Health, the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, the Commissioner of the Food and Drug Administration, the Administrator of Health Resources and Services, or the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, that—

\* \* \* \* \*

#### PART D—PRIMARY HEALTH CARE

##### Subpart I—Primary Health Centers

#### MIGRANT HEALTH

SEC. 329. (a) \* \* \*

\* \* \* \* \*

(g)(1) \* \* \*

\* \* \* \* \*

[(2) The Secretary shall make available to each grant recipient under this section a list of available Federal and non-Federal resources to improve the environmental and nutritional status of individuals in the recipient's catchment area.]



(2)(A) For purposes of subparagraph (B), from the amounts appropriated in each fiscal year under paragraph (1)(A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such paragraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year for the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist, and expand the capacity of services provided for pregnant women and children up to the age of three, in medically underserved areas where Migrant Health Centers are currently operating Comprehensive Perinatal Care Programs. The Secretary shall utilize such amounts to supplement and not supplant amounts expended on the date of enactment of this paragraph for Comprehensive Perinatal Care Programs under this section.

(B) The Secretary shall make grants to Migrant Health Centers to assist such Centers in the development and operation of Comprehensive Perinatal and Early Childhood Health Programs. Such Programs shall be designed to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support healthy child development. Such services shall include—

(i) public information, outreach and case finding services provided through the use of media, community canvassing (using volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;

(ii) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

(I) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

(II) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, developmental delay, nutritional status, and lead poisoning), timely provision of immunizations, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

(iii) substance abuse screening, outpatient substance abuse counseling services, and referral to and as necessary for the purchase of community-based residential substance abuse treatment services for women with substance abuse problems;

(iv) parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both center based counseling and through distribution of the Maternal Child Health Handbooks as available;

(v) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up; and

(vi) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children, and families.

(C) To the maximum extent practicable, comprehensive health and support services under this paragraph should be delivered on site at the health center (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security Act (42 U.S.C. 1396a), by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), by drug treatment service providers and through others) to ensure access and coordination.

#### COMMUNITY HEALTH CENTERS

SEC. 330. (a) \* \* \*

\* \* \* \* \*

(g)(1)(A) \* \* \*

\* \* \* \* \*

(C) Of the amounts appropriated under subparagraph (A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such subparagraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year to make grants under subsections (c) and (d) for the planning and development of health centers to serve medically underserved populations. New community health centers shall be equitably distributed between underserved urban and rural areas with satellite models used where appropriate.

[(2)(A) For the purpose of carrying out subparagraph (B), there are authorized to be appropriated \$25,000,000 for fiscal year 1989, \$30,000,000 for fiscal year 1990, \$35,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 through 1994.

[(B) The Secretary may make grants to community health centers to assist such centers in—

[(i) providing services for the reduction of the incidence of infant mortality; and

[(ii) developing and coordinating referral arrangements between community health centers and other entities for the health management of infants and pregnant women.

[(C) In making grants under subparagraph (B), the Secretary shall give priority to community health centers providing services to any medically underserved population among which there is a



substantial incidence of infant mortality or among which there is a significant increase in the incidence of infant mortality.】

(2)(A) For purposes of subparagraph (B), from the amounts appropriated in each fiscal year under paragraph (1)(A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such paragraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year for—

(i) the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist; and

(ii) expanding the capacity of services provided for pregnant women and children up to the age of three, in medically underserved areas where community health centers are currently operating Comprehensive Perinatal Care Programs in areas with high infant mortality.

The Secretary shall utilize such amounts to supplement and not supplant amounts expended on the date of enactment of this paragraph for Comprehensive Perinatal Care Programs under this section.

(B) The Secretary shall make grants to Community Health Centers to assist such Centers in the development and operation of Comprehensive Perinatal and Early Childhood Health Programs. Such programs shall be designed to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes, reduce infant mortality, and support healthy child development. Such services shall include—

(i) public information, outreach and case finding services provided through the use of media, community canvassing (using volunteer and paraprofessional personnel), referrals, or other methods targeted to reach woman at high-risk of receiving inadequate health care;

(ii) individualized risk assessment and case management services for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—

(I) health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and

(II) perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, development delay, nutritional status, and lead poisoning), timely provision of immunizations, and referral for specialized early periodic screening diagnostic treatment services, services under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;

(iii) substance abuse screening, outpatient substance abuse counseling services, and referral to and as necessary the purchase of community-based residential substance abuse treatment services for women with substance abuse problems;

(iv) parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both center-based counseling and through distribution of the Material Child Health Handbooks as available;

(v) necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up; and

(vi) collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children, and families.

(C) To the maximum extent practicable, comprehensive health and support services under this paragraph should be delivered on site at the health center, (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security Act (42 U.S.C. 1396a), by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786, by drug treatment service providers and by others) to ensure access and coordination.

### Subpart V—Health Service for the Homeless

#### GRANT PROGRAM FOR CERTAIN HEALTH SERVICES FOR THE HOMELESS

##### SEC. 340. (a) \* \* \*

\* \* \* \* \*

##### (q) FUNDING.—(1) \* \* \*

\* \* \* \* \*

(3)(A) For purposes of subparagraph (B), from the amounts appropriated in each fiscal year under paragraph (1)(A), that are in excess of the amounts necessary to maintain the level of services provided with amounts appropriated under such paragraph in the year preceding the year for which such amounts are appropriated, the Secretary shall utilize, in each of the fiscal years 1992 through 1994, such sums as may be necessary in each such fiscal year for—

(i) the development and operation of new Comprehensive Perinatal and Early Childhood Health Programs in medically underserved areas where such programs do not exist; and

(ii) expanding the capacity of services provided for pregnant women and children up to the age of three, in medically underserved areas where grantees under this section are currently operating Comprehensive Perinatal Care Programs.

The Secretary shall utilize such amounts to supplement and not supplant amounts expended on the date of enactment of this paragraph for Comprehensive Perinatal Care Programs under this section.



(B) *The Secretary shall make grants to grantees under this section to assist such grantees in the development and operation of Comprehensive Perinatal and Early Childhood Health Programs. Such Programs shall be designed to provide coordinated health care and support services to pregnant women and young children to increase positive birth outcomes reduce infant mortality, and support healthy child development. Such services should include—*

(i) *public information, outreach and case finding services provided through the use of media, community canvassing (using volunteer and paraprofessional personnel), referrals, or other methods targeted to reach women at high-risk of receiving inadequate health care;*

(ii) *individualized risk assessment and case management service for pregnant women, infants, and children to ensure early, continuous, and comprehensive health care and support services including—*

(I) *health care (including prenatal health care, nutrition counseling, and smoking cessation interventions), and health education concerning the risks of smoking, alcohol, substance abuse, and inadequate nutrition; and*

(II) *perinatal care, primary and preventive health care for infants and children (including screening for vision, hearing, dental conditions, developmental delay, nutritional status, and lead poisoning), timely provision of immunizations, and referral for specialized early periodic screening diagnostic treatment services, service under part H of the Individuals with Disabilities Education Act, and other necessary health and support services;*

(iii) *substance abuse screening, outpatient substance abuse counseling services, and referral to and as necessary the purchase of community-based residential substance abuse treatment services for women with substance abuse problems;*

(iv) *parenting skill training and child development education (including services stressing the importance of regular health screenings, adequate nutrition, child safety measures and basic growth patterns and expectations) through both center-based counseling and through distribution of the Maternal Child Health Handbooks as available;*

(v) *necessary support services, including counseling, child care, transportation, translation services, benefit eligibility determination, and housing assistance, either provided directly or through referral with appropriate follow-up; and*

(vi) *collaboration with other community-based health and support service providers, hospitals, clinics, recipients of grants under title V of the Social Security Act, State and local health and social service departments, alcohol and drug treatment programs, State and local special supplemental food programs for women, infants and children under section 17 of the Child Nutrition Act of 1966, Medicaid offices, and other organizations providing services to women, infants, children, and families.*

*To the maximum extent practicable, comprehensive health and support services under this paragraph should be delivered on site at a health center, (including services delivered by outposted Medicaid workers in accordance with section 1902 of the Social Security*

Act (42 U.S.C. 1396a), by workers eligible to provide services under section 17 of the Child Nutrition Act of 1966 (41 U.S.C. 1786), by drug treatment service providers and by others) to ensure access and coordination.

## PART K—INJURY CONTROL

### RESEARCH

SEC. 391. (a) The Secretary, through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall—

\* \* \* \* \*

(b) The Secretary, through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall collect and disseminate, through publications and other appropriate means, information concerning the practical applications of research conducted or assisted under subsection (a).

\* \* \* \* \*

### CONTROL ACTIVITIES

SEC. 392. (a) The Secretary, through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, shall—

(1) assist States and political subdivisions of States in activities for the prevention of injuries; and

(2) encourage regional activities between States designed to reduce injury rates.

(b) The Secretary, through the Director of the [Centers for Disease Control] *Centers for Disease Control and Prevention*, may—

\* \* \* \* \*

(c) *The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may establish a national information clearinghouse to facilitate the exchange and dissemination of information concerning the prevention and control of injuries in homes, schools, public buildings and other such locations not otherwise covered by the Occupational Safety and Health Act of 1970.*

(d) *The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to, or enter into contracts with, State departments of health and education, and in consultation with State authorities, to local departments of health and education, for the purposes of helping public schools to implement effective programs to prevent injuries and behaviors associated with unnecessary risks for injuries. As a condition of awarding a grant under this subsection to a State or local department of education, the Secretary shall require that such department of education coordinate with the relevant department of health in utilizing amounts received under such grant.*

(e)(1) *The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award grants to States, and in consultation with State health agencies, to political subdivisions of States, community based organizations, and other public and nonprofit private entities for the establishment of 10 demonstration*



*projects for the prevention and control of injuries in homes, schools, public buildings and other such locations not otherwise covered by the Occupational Safety and Health Act of 1970.*

*(2)(A) Not more than 50 percent the amount appropriated under section 394 for fiscal year 1993 that exceeds \$30,000,000, but in no event in excess of \$2,000,000, shall be used to establish five demonstration projects under paragraph (1) in such fiscal year.*

*(B) Not more than 50 percent of the amount appropriated under section 394 for fiscal year 1994 that exceeds the amount appropriated under such section for fiscal year 1993, but in no event in excess of \$2,000,000, shall be used to establish the remaining five demonstration projects required under paragraph (1) in such fiscal year. Additional projects may be established under such paragraph if appropriations remain available.*

*(3) The projects and activities carried out under this subsection shall place an emphasis on, but not be restricted to, childhood injuries, particularly injuries to children under five years of age, prevention of motor vehicle injuries, violence and falls.*

#### REPORT AND RECOMMENDATIONS

##### [SEC. 393. REPORT.]

*SEC. 393. (a) By not later than September 30, 1992, the Secretary, through the Director of the [Centers for Disease Control] Centers for Disease Control and Prevention, shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities conducted or supported under this part. The report shall include—*

\* \* \* \* \*

*(b) The Director of the Centers for Disease Control and Prevention shall biennially prepare and submit to the Secretary a report, together with recommendations and guidelines, concerning new technologies and practices based on established research findings of efficacy for injury prevention and control. The Secretary shall consider such recommendations and guidelines in determining whether to approve the purchase or lease of equipment, including vehicles, for use by the Department of Health and Human Services. The Secretary shall forward such recommendations and guidelines to the Congress, the Director of the General Services Administration, and any other agency head or State Governor that requests a copy of such recommendations and guidelines.*

#### AUTHORIZATIONS OF APPROPRIATIONS

*SEC. 394. (a) To carry out sections 391 and 392, there are authorized to be appropriated [\$10,000,000 for each of the fiscal years 1988, 1989, and 1990, \$30,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993.] \$40,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.*

*(b) The Secretary shall only make grants under section 392(e) for a fiscal year if amounts appropriated under subsection (a) for such*

*fiscal year are in excess of the amount appropriated under this section for fiscal year 1991.*

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